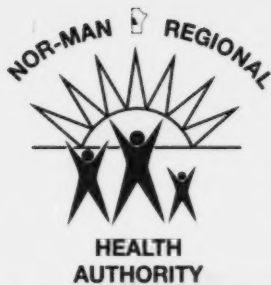


**NOR-MAN REGIONAL
HEALTH
AUTHORITY**



1997/98

COMMUNITY HEALTH NEEDS ASSESSMENT



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June 29, 1998

Dear Community Member or Colleague:

RE: COMMUNITY HEALTH NEEDS ASSESSMENT

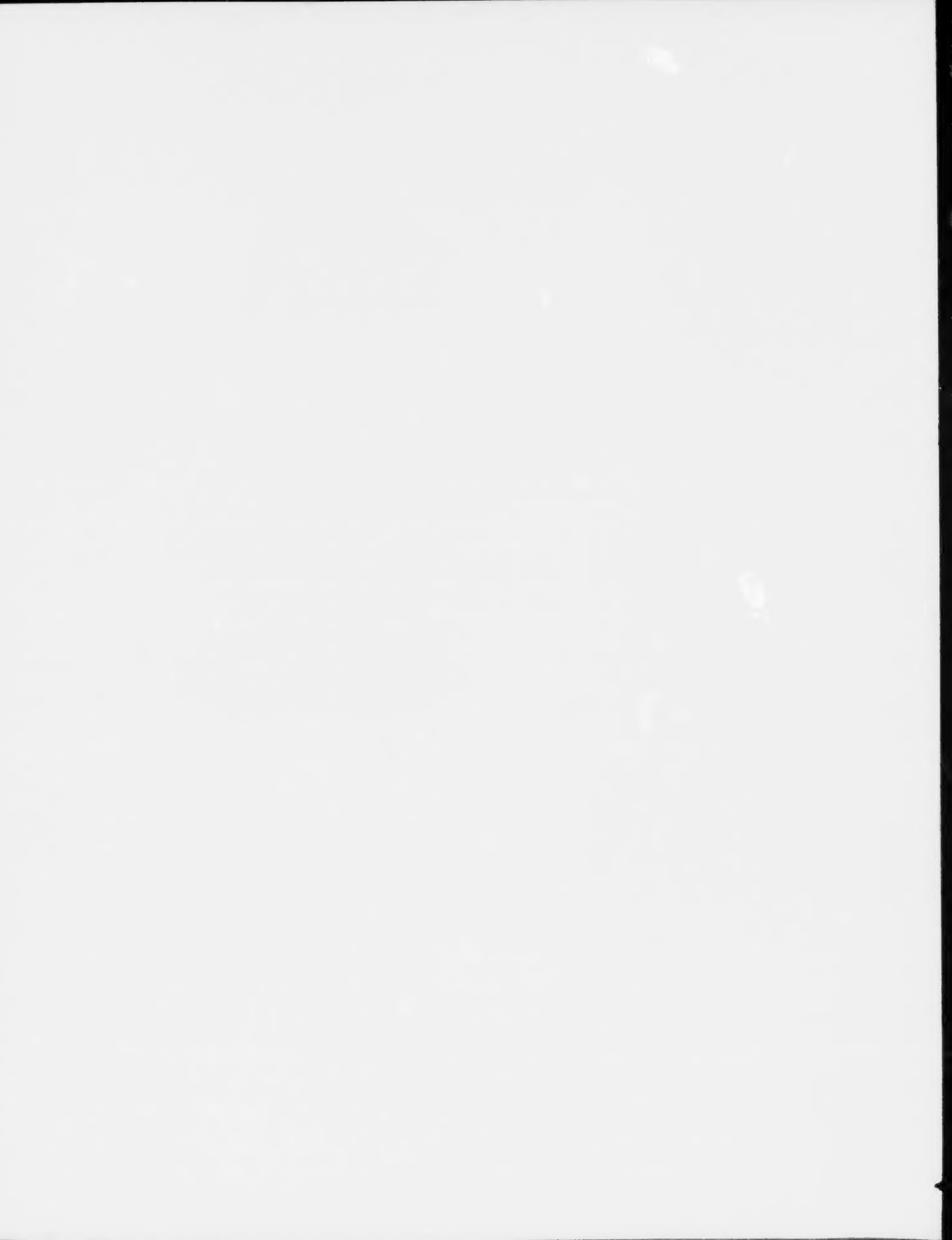
I am pleased to provide you with a copy of our 1997/98 Community Health Needs Assessment. This comprehensive report was completed with the support of over 150 volunteers from local communities and organizations in the NOR-MAN Region. We believe the report accurately describes the health status and needs of the people in our catchment area, and will assist us in our efforts to promote health and deliver effective services.

We would welcome any questions or comments that you may have about the report. Please direct your inquiries to Linda Campbell, Chief Executive Officer, at 687-1300 or Susan Crockett, Team Leader, Health Promotion Team, at 627-8236.

Sincerely,

Gordon Mitchell
Chairman of the Board

Encl.



The NOR-MAN Regional Health Authority is pleased to provide you with a complimentary copy of the

**"NOR-MAN REGIONAL HEALTH AUTHORITY
1997/98
COMMUNITY HEALTH NEEDS ASSESSMENT".**

In order to assist us to cover our reproduction costs, a nominal fee of \$20.00 will be charged for any additional copies required.

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NOR-MAN REGIONAL HEALTH AUTHORITY

**1997/98 COMMUNITY
HEALTH NEEDS ASSESSMENT**

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On behalf of the NOR-MAN Regional Health Authority, I would like to thank all of the individuals who participated in this project. You have helped us to create a foundation for our newly formed organization that will allow us to strengthen our health care delivery system, and plan more effectively for the future.

I would especially like to acknowledge the contributions of the people whose names appear below. I apologize in advance if any names were inadvertently missed from our list.

Community Leaders and Citizens

Grand Rapids/Grand Rapids First Nation

Mayor Robert Buck, Council and Staff– Town of Grand Rapids
Chief Harold Turner, Council and Staff– Grand Rapids First Nation

- Theresa Ballantyne
- Pam Berthelette (Councilor)
- Betty Calyn
- Esther Cook
- Muriel Cook
- Ross Feeney
- Anne Hudson
- Brian McLeod (Councilor)
- Oscar Olson
- Donald Packo
- Bill Sallows
- Bud Seens
- G.L. Seens
- Rose Turner
- Lillian Turner (Chief Admin Officer)
- Bob Windsor
- Ron Zlotoff

Easterville/Chemawawin First Nation

Mayor Ethel McKay, Council and Staff – Town of Easterville

Chief Clarence Easter, Council and Staff – Chemawawin First Nation

- Ruth Arrow (Councilor)
- Doris George (Administrator)
- Sheila George
- Maxine George
- Bill Hengemuehl (Councilor)
- Amie Martin
- Sheri McKay
- Albert Packo (Councilor)
- Rosemary Thomas
- Cecile Umpherville (Councilor)
- Nora Wasacase
- Lorraine Young

The Pas & Surrounding Area

Mayor Gary Hopper, Council and Staff – Town of The Pas

Reeve Len Gluska, Council and Staff – RM of Kelsey

Opaskwayak Cree Nation

Chief William G. Lathlin, Council and Staff – Opaskwayak Cree Nation

Moose Lake/Mosakahiken Cree Nation

Mayor Sandra Lambert, Council and Staff – Moose Lake

Chief Phillip Buck, Council and Staff – Mosakahiken Cree Nation

- Margaret Anderton
(Councillor)
- Clarence Ballantynes
- Ralph Buck (Councilor)
- Marie Chartrande
- Vinetta Martin
- Eleanor Sinclair
- Victor Sinclair
- Bonnie Wagner

Cormorant

Mayor Verna Hunter, Council and Staff – Community of Cormorant

- Nora Constant
- Audrey Ducharme

Snow Lake

Mayor Lawrence Samborski, Council and Staff – Town of Snow Lake

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- Janice Becking
- Allan Beilman
- Sylvia Botten
- Mary Brown
- Beth Bunn
- Ethel Burkholder
- Maxine Dodds
- Gail Dupont
- Margie Fey
- Kathy Haugen
- Paul Hawman
- Angelina Huang
- John Humeniuk
- Iona Johnston
- Len Kutchaw
- Don Malinowski
- Audrey McLaughlin
- Millie Morrison
- Lori Nelson
- Betty Rudd
- Judy Steeves
- Jocelyn Swan

Cranberry Portage

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- Lynn Dubois
- Lisa Gamblin
- Sharon James (Councilor)
- Marion Milner
- Marion Pearson
- Marla Rajczkowski
- Betty Storie
- Wendy Trylinski
- Colleen Wickens

Sherridon

Mayor Dennis Hatch, Council and Staff – Community Council of Sherridon/Cold lake

- Nick Benyk (Councilor)
- Donna Calvert
- Debi Hatch (Councilor)
- Florence Nice
- Muriel Perry

Flin Flon

Mayor Graham Craig, Council and Staff – City of Flin Flon

- Adele Crocker
- Cindy Pedwell

Other Organizations and Their Representatives

- Addictions Foundation of Manitoba (Bob Gladstone)
- Chemawawin Education Authority
- Child and Family Services (George Chigol)
- Cold Lake School
- Community Corrections (Walter Tielman)
- Cormorant Lake School
- Cranberry Portage Child & Family Resource Centre
- Cree Nation Child & Caring Agency
- Cree Nation Tribal Health Centre (James Dean and Nellie Erickson)
- Community Living and Rehabilitation Services (John Scott)
- Easterville School
- Flin Flon School Division No. 46
- Flin Flon/Creighton Crisis Centre Inc. (Margaret Marin)
- Frontier School Division No. 48
- Grand Rapids School
- Greenstone Community Futures Development Corporation
- Joe A. Ross School
- Joseph H. Kerr School
- Kelsey School Division No. 45
- Legal Aid
- Manitoba Environment (Steve Davis and staff)
- Manitoba Hydro
- Manitoba Telephone System
- NOR-MAN Community Nurse Resource Centre Committee
- Otineka Health (Cecilia Ross)
- RCMP, The Pas Detachment (Sgt. Don Murphy)
- Rod Martin School

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- Donna Forbes - Director of Community Health Assessment
- Dr. Jane Griffith - Community Health Assessment Unit
- Gloria Steuart - Health Programs & Operations Liaisons

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- Community Living and Rehabilitation Services (John Scott)
- Continuing Care (Gen Haitsma)
- Diabetes Education Resource (Shannon Yaskiw and Gwen Bulman)
- Directors of Programs and Operations (Pat Bilquist & Lois McMurchy)
- Mental Health (Sandra McKelvey)
- Public Health (Bev Hill)
- Rosaire House (Linda Buchanan)
- Snow Lake Medical Nursing Unit, Director of Nursing (Mae de Graff)
- The Pas Health Complex, Pharmacy (Peter Kovak)
- The Pas Health Complex, Respiratory Therapist (Sherri Seale)

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In addition to acknowledging the contribution of the people who worked on this project, I would like to thank all of the community residents who completed survey questionnaires and participated in focus groups. Your valuable input has helped us to gain a greater understanding of the needs of the people living in our region.

*Linda Campbell
A/Chief Executive Officer*

EXECUTIVE SUMMARY

The NOR-MAN Regional Health Authority was established April 1, 1997 under the provisions of *The Regional Health Authorities and Consequential Amendments Act* (Bill 49). As the primary provider of health services in the NOR-MAN region, the Regional Health Authority's mission is to "create an integrated, responsive and accessible health services system which is supportive of individual and community needs". Consistent with its mandate, the Regional Health Authority (RHA) delivers a range of services to the 25,549 people that live within the 72,000 km. land mass that comprises the NOR-MAN region.

Within the parameters established by Bill 49 and its own Vision and Mission statements, the RHA has the responsibility to make decisions about the programs and services it delivers now, and will develop in the future. The most important factors to consider in making these decisions are the needs of the people the RHA serves. The *NOR-MAN Regional Health Authority 1997/98 Community Health Needs Assessment* was conducted from May 1997 to January 1998 to provide the RHA with information that would assist the organization to set priorities. As a guide for evidenced-based decision making, the Needs Assessment was viewed as a tool that could assist the RHA to work with providers and community members to improve the health status of NOR-MAN residents.

The research design that was used as the framework for the study was based on a number of principles. A broad definition of health was adopted, in order to understand all of the factors that contribute to individual well-being. A multi-method research approach was chosen that allowed the research team to assess needs from different perspectives. Of primary importance, it was stipulated that the study should be of immediate, practical benefit to the communities in the NOR-MAN region. The Needs Assessment was viewed as a vehicle for community development and action, as well as a source of information for the RHA and other organizations.

The approach that was used to conduct the Community Health Needs Assessment was participatory, and involved local community members from Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First Nation, The Pas, Opaskwayak Cree Nation, Moose Lake/Mosakahiken First Nation, Cormorant, Snow Lake, Cranberry Portage, Sherridon, and Flin Flon. Pukatawagan was not included in the study because legislated boundary changes which facilitated the transfer of this community from the Burntwood region to the NOR-MAN region were in progress when the Needs

Assessment was being conducted. A review of the needs of the residents of Pukatawagan and its adjacent communities will take place later this year.

As part of the Community Health Needs Assessment, community volunteers from different parts of the region assisted with the implementation of community surveys that were administered to 1,655 households in the region. Of those households, 686 participated in the survey, for a regional response rate of 41%. In some communities, well over 50% of the households responded to the survey, and in one community 89% of the households that were surveyed filled out a questionnaire. The community volunteers made decisions about the questions that were asked, and the ways in which the surveys were distributed and retrieved. Their contribution helped to make this component of the Community Health Needs Assessment a success.

Community volunteers also provided us with local information about their communities that could not be obtained from other sources. This included reports about available services, local governance structures, and the state of their environment. Information from local volunteers was supplemented with information from organizations that provided services to all residents of the region, such as the Royal Canadian Mounted Police. These organizations were able to broaden our perspective on the needs and issues facing NOR-MAN residents.

The research team also relied on information that was maintained by provincial and national bodies. Available statistical information obtained from Manitoba Health and Statistics Canada was used for Needs Assessment. Other material, such as the Aboriginal Peoples Survey and Indian and Northern Affairs Canada reports, were also examined. This information provided us with a context in which to view the needs of our residents, and allowed us to examine how we fared in comparison to other Manitobans and Canadians. As a final source of information, data obtained by the WESTARC Group, Inc. was reviewed. This firm had completed health needs assessments in the communities of Flin Flon, The Pas, and Opaskwayak Cree Nation in October and November of 1996.

This Executive Summary considers all of the information that was gathered in the local communities and centrally through Manitoba Health and the other organizations, such as the WESTARC Group Inc., who supplied data on the region. A health determinant framework was used as a way of summarizing and organizing the information that is presented. A health determinant is simply a factor that contributes to the health or illness of individuals, groups, and populations. Ten health determinants are commonly used in the literature. These are income and social status, social support networks, employment and working conditions, personal health practices, health services/resources, physical environment, education, biology and genetic

endowment, healthy child development, and current health status. As we learn more about these factors, we can begin to identify who may be at risk of developing health problems in the future.

Income and Social Status

When income and social status are considered, many of our residents, and specific communities in our region, appear to be at risk of experiencing poor health and/or illness. Self-reported income levels varied from community to community. People residing in the communities of Cormorant, Easterville/Chemawawin and Sherridon/Cold Lake appeared to be at the highest risk when income alone was considered. Self-reported income levels obtained through the community survey indicated that in each of these communities, a significant number of households reported household or gross income levels below \$12,000. When self-reported income alone was considered, Cormorant and Sherridon/Cold Lake were at the highest risk of experiencing health problems.

Census data indicates that there was a concentration of household incomes under \$20,000 in our region. In Mosakahiken First Nation, 63% of the households were supported by an income of less than \$20,000. This can be compared to 10% of the households in Snow Lake, according to this same source.

In some communities there was a definite reliance on transfer payments, which included payments for Unemployment Insurance, Child Tax Benefits, etc. Transfer payments comprised 45.4% of the total income acquired by residents of Mosakahiken First Nation, 39.1% of the income in Grand Rapids First Nation, and 34.8% of the income in Chemawawin First Nation. Opaskwayak Cree Nation and the non-First Nations communities relied less on transfer payments. Information on the communities of Easterville, Cormorant, and Sherridon/Cold Lake was not available separately. Statistics for these communities were collected in one census division titled "Unorganized."

The concepts of population dependency and economic dependency are used by Statistics Canada to identify people who may be at a disadvantage in our society from an economic and social standpoint. Population dependency describes the proportion of people who fall in what are viewed as dependent age categories. Economic dependency is described in terms of an Economic Dependency Rate (EDR) that compares the number of transfer payment dollars received to every \$100 of income that is earned in a community. A separate EDR rate is calculated for Unemployment Insurance benefits, Child Benefits, Pensions, and Social Assistance. A total rate is also calculated. Statistics Canada relies on information from people who file tax returns to

determine how many people can be classified as dependent, which is a limitation of this data base. Despite this limitation, these concepts help in the identification of risk.

When population dependency was considered, the community of Easterville/Chemawawin First Nation appeared to be at the highest risk. It had the highest EDR when Unemployment Insurance, Child Benefits, Pension, and Social Assistance were considered. The total EDR also placed this community at highest risk. The Easterville/Chemawawin EDR was over 800 times the Manitoba rate.

Although Easterville/Chemawawin was at highest risk from an economic dependency perspective, Cormorant, Grand Rapids/Grand Rapids First Nation, and Moose Lake/Mosakahiken had total EDRs that were higher than that of Manitoba as a whole. Data on Opaskwayak Cree Nation and Sherridon was not available for analysis.

Gender issues emerged with respect to income earned. An interesting pattern was found with respect to incomes earned by women and men. With the exception of Chemawawin First Nation, men earned more than women for full time/full year work. This pattern was also evident with respect to part time/part year work. This raises special issues when single parent families are considered. Statistics Canada data indicated that up to 22% of the families in each community in the region were headed by lone parent families. When compared to the provincial average of 13%, this is an area of concern as the majority of these families were headed by women.

As a separate indicator, financial problems were identified as a concern in 1 in 5 households included in the NOR-MAN RHA survey. This issue was raised by 32.1% of the WESTARC Flin Flon respondents and by 32% of the WESTARC The Pas respondents.

Based on the above information, it appears that some communities were at greater risk of experiencing health problems than others, when this health determinant alone was considered. With the possible exception of Cormorant and Sherridon, these communities were more likely to be First Nations communities. However, even within the communities who benefited from higher income levels, individuals and families experienced financial problems that they perceived to be a cause for concern.

Social Support Networks

Social support networks can contribute to the health of individuals, can support them to access services at an earlier point in episodes of illness, and can enhance their ability to cope with acute and chronic health problems.

Although social support networks were not examined directly, proxy indicators were used. One of these indicators was self-reported loneliness. Loneliness was identified as a problem for 13.6% of the people in the NOR-MAN RHA sample, and/or for a member of their households. This problem also characterized 17.6% of the respondents in the WESTARC Flin Flon sample and 22% of the people in the WESTARC The Pas sample.

Two other indicators that were examined included strained family relationships and marital problems. Strained family relationships were only examined in the WESTARC study, and were identified as a problem by 21.1% of the Flin Flon respondents and 27% of the The Pas respondents. Marital problems were only examined in the NOR-MAN RHA study, and were experienced in 18.7% of the 686 households included in this sample.

The focus groups provided additional information on social support networks. All of the focus groups highlighted the important role of the family as the primary care giving unit. At the same time, concerns were expressed with the relative health of this important unit. It was noted that parents were less likely now, than they had been in the past, to parent effectively. In the case of First Nations communities, a generation has had their ability to parent impaired as a result of their placement in residential schools. As adults, this generation has not had the benefit of growing up in a family unit. The consequence of this situation, coupled with other societal trends that affect all families, contributes to dysfunction in families. These families may not be able to model healthy behaviors for their children.

Employment and Working Conditions

Although not the focus of the Needs Assessment, employment and working conditions were addressed directly and indirectly in the study. The employment rate varied considerably from community to community, with some communities relying less on employment as a source of income than others. Employment rates were also affected by seasonal and part time employment. With the exception of The Pas and Snow Lake, more people worked on a part time/part year basis than on a full time/full year basis. This obviously affected the income that these individuals were able to earn.

The communities that constitute the NOR-MAN region are diverse, and cannot be described as a cohesive economic unit. The main industries in many of the outlying communities include commercial fishing, trapping, and logging. Moose Lake/Mosakahiken First Nation listed these 3 industries as the primary sources of employment in their community. In the community of Grand Rapids/Grand Rapids First Nation, Manitoba Hydro was an important local industry, in addition to fishing, trapping and logging. Heavy equipment contracting and residential development were sources of additional

employment in Easterville/Chemawawin First Nation. Cormorant listed tourism as an important industry, in addition to the above 3. Tourism and education were the 2 primary sources of income for the residents of Cranberry Portage. The major sources of employment in Sherridon/Cold Lake were trapping, fishing, logging, wild rice harvesting and tourism. The main source of employment for people residing in The Pas and the surrounding area was the forestry industry. Mining was an important industry in Flin Flon and Snow Lake. As was evident in the Flin Flon focus group, a major reliance on one industry has its limitations, and can create stress for families and the community.

Of those people who work, and who responded to the survey questionnaire, most had been able to work and carry out their normal activities in the month that preceded the administration of the survey. The remainder missed from 1 day's work to a full month of work. The average number of days missed on account of illness was 8.4 days during the one-month period.

It is difficult to determine on the basis of the information that was collected, the extent to which employment and working conditions impacted upon the health of people in the NOR-MAN region. This issue may be helpful to explore in collaboration with major employers and workers in future needs assessments.

Personal Health Practices/Lifestyle

This health determinant acknowledges the role we all play in contributing to our own health and well-being. It addresses the choices we make on a daily basis, such as eating well, refraining from smoking, and abstaining or engaging in moderation with respect to alcohol consumption.

Eating habits were addressed in the NOR-MAN RHA study. Over half of the survey respondents reported that they ate balanced meals, and many engaged in healthy eating practices. Eating well is not just a function of personal choice, but is related to the availability of nutritious food at a reasonable cost. The availability of nutritious food varied from community to community, and was a serious problem in Cormorant, Grand Rapids/Grand Rapids First Nation and Easterville/Chemawawin First Nation. The cost of food was viewed as a problem in Cormorant, Easterville/Chemawawin First Nation, Grand Rapids/Grand Rapids First Nation and Sherridon.

Regular exercise is also important to good health. In the NOR-MAN RHA survey, just over half of the respondents indicated that they got enough regular exercise. These results paralleled those obtained by WESTARC in Flin Flon and The Pas. During the focus groups, participants speculated about the reasons why people do not get enough exercise. Personal choice is

only one explanation. It was noted in the focus groups that there are not always recreational opportunities available in communities at a reasonable cost. This is less of a problem in The Pas, according to focus group participants from that community. Parental responsibilities in this area were highlighted during the focus groups. It was suggested that parents need to encourage their children to engage in exercise, and plan activities for the family as a whole.

Another behavior that was examined was smoking. The NOR-MAN RHA survey found that 52.8% of the people who returned their questionnaire currently smoked. In addition, 44% the 686 respondents reported that another person(s) in their household smoked. Almost as many people (48%) in the WESTARC The Pas sample smoked, and 34.8% of the Flin Flon respondents reported this behavior. Many of these individuals also indicated that they wanted to quit smoking. Although not necessarily caused by smoking, there were 840 hospitalizations in the region due to respiratory system problems in 1996/97. In this same period, NOR-MAN ranked fourth, when compared to the other health regions in the province, for hospitalizations due to respiratory system diseases. Further, our rate of hospitalization was almost double that of Manitoba as a whole. With respect to lung cancer rates, which included cancers of the trachea, bronchus, and lung, the standardized prevalence rates for cancer in males in the NOR-MAN region were 160.7/100,000 and in females were 166.6/100,000. This compared to a standardized prevalence rate of 160.8/100,000 for males in the province and 105.1/100,000 for females. The standardized incidence rates, which examine new cases of lung cancer, were 109.4/100,000 for males and 52.8/100,000 for females. This can be compared to the standardized incidence rates for Manitoba which were 93.5/100,000 for males and 45.6/100,000 for females. The incidence rates indicated that people in the region may be at a greater risk when lung cancer alone is considered.

Substance abuse also falls under the lifestyle category. Answers to questions on this topic may have been affected by social desirability bias, and the tendency of people to avoid admitting that they had an addiction problem. Despite this bias, the NOR-MAN RHA survey found that alcohol was a problem in 11.8% of the households; 8.9% said gambling was an issue; and 6% indicated drug abuse was a problem. The corresponding figures for alcohol abuse in the WESTARC study were 7% for the Flin Flon respondents and 8% for The Pas respondents.

The NOR-MAN RHA survey looked at 3 other lifestyle behaviors that reduce the likelihood of injury. These included the use of bicycle helmets, seat belts and smoke detectors. Four in 5 respondents indicated that they never used bicycle helmets. However, almost three quarters always used their car seat belt, and 4 in 5 had working smoke detectors in their homes.

Two preventive health measures, mammography and cervical cancer screening, are also relevant to examine, although these may be influenced by physician practices more than by personal choices. One of these preventive health measures is mammography. Mammography is used to screen women over the age of 50 for the presence of pre-cancerous and cancerous breast tissue. From April 1995 to March 1997, the mammography rate in the NOR-MAN region was close to the average mammography rate in Manitoba. Only Brandon and Winnipeg had rates higher than that of the NOR-MAN region. Cervical cancer screening is another recommended practice. Cervical cancer screening for NOR-MAN women from April 1994 to March 1997 was the lowest in the Province. This suggests that women in the region may be at greater risk of cervical cancer than other women in the province.

Health Services

Health services in the region are delivered under different auspices, depending upon the role of the Province, Canada, First Nations Tribal Councils, and political organizations. When the NOR-MAN Regional Health Authority was established in 1997, it was assigned the mandate to ensure that residents of the NOR-MAN region have access to the services they need to attain optimal health. As an extension of this mandate, the RHA has assumed responsibility for delivering a range of health care services to most of the communities in the region. In First Nations communities, responsibility for governing and delivering health care services has been, or is in the process of being, transferred to First Nations communities. Due, in part, to the limited resources available in local communities and the benefits of a shared resource base, the responsibility for delivering services has been assigned. The two delivery agents are the Cree Nation Tribal Health Centre, which delivers services to all First Nations communities in the region with the exceptions of Opaskwayak Cree Nation, and the Otineka Health Centre, which delivers services to the community of Opaskwayak Cree Nation.

The RHA delivers a range of services that fall under 11 core services headings: health promotion/education; health protection; prevention and community health services; treatment, emergency and diagnostic services; developmental and rehabilitation support services; home care; long term care; mental health services; substance abuse/addictions services; palliative care, and physician services. Although the list of health care services that are available in the region appears comprehensive, there are insufficient services to meet the high demand for particular types of care. With respect to physician services, the region has experienced chronic shortages in all communities with the exception of Flin Flon. People must also travel outside of the region for many specialist services.

In general, services offered by the RHA are less available to people living in outlying communities than they are to people living in Flin Flon and The Pas. This pattern crosses the boundaries of services type, and in some cases, means that people from smaller communities simply do not receive the services they require.

Some services, such as those that are directed at diabetes prevention and control, are insufficient to meet the needs in most communities. These needs cannot be managed by First Nations' providers, who have also indicated that they are overwhelmed by the demand. The lack of resources directed at this area will result in higher personal and financial costs as people require more intensive services to manage what, in some cases, are preventable illnesses.

Emergency services, including ambulance services, are available in the region. They are, however, available in some communities and not others. In the communities of Easterville, Chemawawin First Nation, Moose Lake, Mosakahiken First Nation, Cormorant and Sherridon, community residents must be transported with a nurse or trained first aid responder via taxi to meet an ambulance from either The Pas or Flin Flon. This issue has been raised directly by community members as a serious problem. At the present time, the RHA has not assumed responsibility for the delivery of ambulance services in the region but, consistent with its mandate, wishes to ensure that these services are available and are being delivered in a manner that meets provincial standards.

The Community Health Needs Assessment survey provided a user perspective on health care services, both in terms of their availability and quality. The availability of health services was rated as "excellent" by 5.1% of the 686 survey respondents; "good" by 49.5%, and "poor" by 27% of the respondents. In a question with a somewhat different focus, the WESTARC team found that approximately half of the Flin Flon and The Pas respondents did not think they could get the health services they needed.

The quality of existing services was the focus of one question on the NOR-MAN RHA survey. Two thirds of the respondents indicated that the quality of existing services was good (58.3%), very good (5%), or excellent (6.1%). Almost one quarter (22%) believed that the quality was poor. The survey questions that were asked on these topics did not distinguish between services provided by the RHA or by First Nations service providers, since it was believed to be unlikely that people in the community would be in a position to make these distinctions.

Physical Environment

The physical environment plays an important role in our health status, and as such becomes a significant health determinant. Environmental issues were addressed in both the NOR-MAN RHA and WESTARC surveys, as well as through an examination of statistical, local and regional information. Environmental pollution was identified as a concern by almost half of the people who answered the Community Health Needs Assessment survey. Water quality was seen as a more serious problem in the region than air quality. The majority of the Flin Flon respondents expressed concern about air quality, whereas water quality was more of a concern in The Pas, OCN and surrounding areas.

In Manitoba, water quality is assessed by measuring up to 70 variables, including various types of bacteria, chemical elements and organic compounds. Routine measurements are compared against the Guidelines for Canadian Drinking Water Quality (GCDWQ). Although Manitoba Environment reported that for the most part, water quality in the region was consistently within the guidelines of the GCDWQ, there was some public concern regarding water quality and some areas where problems had been identified. As an example, although the quality of the drinking water in The Pas, Snow Lake and Cold Lake met the standards set out by the GCDWQ, public concerns over the aesthetic quality of the drinking water had increased. As a separate issue, the water treatment plant that services Opaskwayak Cree Nation was at peak consumption, which posed concerns regarding the plant's ability to support the community. In Flin Flon, Manitoba Environment had recommended that the City investigate the possibility of upgrading the water system and providing a filtration system to filter out organic matter.

Waste management was addressed in the NOR-MAN and WESTARC surveys. The majority of the survey respondents believed that waste management practices were adequate. Data collected through interviews with local community residents indicated that the escape of raw sewage into the environment was a concern in the community of Grand Rapids/Grand Rapids First Nation. Existing sewage systems also posed problems for adjacent communities. As an example, the impact of the Flin Flon sewage system on the water quality in Ross Creek and the northwest arm of Schist Lake was a concern raised during key informant interviews.

Other environmental problems were raised by residents and officials in each community. These problems included pollution, such as oil and chemicals, in the Saskatchewan River (Grand Rapids/Grand Rapids First Nation); level of dust (Easterville); lagoon and effluent discharges (Moose Lake/Mosakahiken First Nation, Cormorant); and litter and burning at the landfill sites (all communities).

Industry in the region is a source of environmental pollution and poses several environmental and health risks. Key informants suggested that mine waste and tailings had been poorly managed in the past, affecting lakes such as Camp Lake and Kississing Lake, the latter of which is a source of drinking water for Cold Lake and supports a strong sport fishery. Remote forestry camps provide a challenge for Manitoba Environment staff who attempt to monitor legislative compliance. Public health or environmental issues that must be addressed at these camps include food preparation, sewage disposal, and petroleum storage.

Community safety is also an aspect of the physical environment. In the NOR-MAN RHA survey, almost half of the respondents said that violence was a problem, and an equal number indicated that family violence was of concern. Community safety was also identified as a problem by over half of the The Pas respondents. Approximately one third of the Flin Flon respondents indicated that they felt unsafe in their community. These results paralleled the official statistics: crime levels in The Pas were significantly higher than those of Flin Flon in all crime categories.

Despite these concerns about safety, there were some encouraging findings. RCMP indicated that Moose Lake had experienced a reduction in crime over the past 4 years. There have been fewer murders in the community in the past year and a reduction in crimes that fall within the "total provincial offenses" category.

Environmental issues in the NOR-MAN region are significant, and have the potential to place residents at risk of experiencing health problems. For the most part, it appears that Manitoba Environment, Cree Nation Tribal Health Centre, and local political bodies are endeavoring to keep the risk factors to a minimum. It is equally clear that residents have a voice in maintaining and promoting a healthy environment. The recent efforts by Healthy The Pas and Area Round Table to institute a recycling depot for the communities of The Pas and Opaskwayak Cree Nation is a case in point.

Education

Census Canada data reports on the education level attained by people over the age of 15 years. This data source indicates that 45% of Manitobans have not received their high school certificate. This figure can be compared to 48% of the 16,830 people from the NOR-MAN region who were included in the Census Canada sample. When these figures are broken down by community, a different picture emerges. First Nations members appeared to be at a disadvantage from an educational perspective, when compared to people residing in non-First Nations communities. According to Census Canada, the percentage of First Nations members who had not completed high school

ranged from 58% to 92% in 1991, compared to 40% to 47% in the remaining communities in the region. Further, this pattern was consistent when people living in First Nations communities that were adjacent to non-First Nations communities were compared with one another. These results are disturbing, especially when they are considered in the context of the population growth that is taking place in First Nations communities, and the demand that will be placed on the education system in the coming years. In terms of this risk determinant alone, First Nations communities appear to be at a higher risk of experiencing poor health or illness.

Health Status

Health status was explored through 3 components of the Community Health Needs Assessment. Questions on perceived and reported health status were included in the NOR-MAN survey questionnaire, and were drawn from the survey data obtained from the WESTARC Group. Information was also requested from the Health Information Services of Manitoba Health and from organizations such as the Manitoba Cancer Treatment and Research Foundation. Finally, qualitative information on health status was obtained during the focus groups.

The NOR-MAN RHA and WESTARC surveys asked respondents to rate their own health status. Although the responses varied somewhat, at least 3 of 4 respondents from both studies indicated that they were in excellent, very good, or good health. Despite their overall rating, the respondents identified a host of health problems that they experienced, or that were experienced by other members of their household.

The problems that were experienced the most frequently by the people who participated in the NOR-MAN survey were stress, arthritis and financial concerns. The NOR-MAN RHA analysis also grouped the health problems that were identified into different categories. Arthritis, high blood pressure and high cholesterol were the top 3 health problems in the regional analysis. Stress, loneliness and anxiety were the most frequently mentioned mental health problems. Financial concerns were identified by 1 in 5 survey respondents. Alcohol abuse, gambling and marital problems were the most common social problems experienced by NOR-MAN RHA survey respondents.

The Flin Flon and The Pas respondents who had participated in the WESTARC study most frequently identified back problems, arthritis and rheumatism, and skin or other allergies as health problems. Stress was also identified as a health problem in the WESTARC study.

The data obtained from both surveys suggests that most people believed they were in relatively good health, even though they may have been coping with a broad spectrum of physical, psychological, social, and economic challenges. An analysis of the data obtained on the actual health status of people in the region suggests that NOR-MAN residents may be at risk from a number of perspectives. Of primary importance, **the standardized mortality rate for the NOR-MAN region was the highest in Manitoba**, when compared to other health regions and to the province as a whole. This indicates that if all of the other regions had the same age and gender distribution as the NOR-MAN region, a higher proportion of people in our region would be dying, compared to people in other parts of the province, and compared to the province as a whole.

The rate of teenage pregnancy in the NOR-MAN region was over twice the rate of the rest of the province. Forty-seven (47) teens per 1,000 became pregnant in the region in 1995/96 compared to 19.5 in Manitoba. Twelve percent (12%) of the babies born to non-First Nations mothers, and 18% of those born to First Nations mothers, were born to teenagers.

If birth weight alone is considered, women and babies in the NOR-MAN region were not at a health risk. The low birth weight rate in the region was lower, and the high birth weight rate was only slightly higher than the provincial average.

Hospitalization trends have been variable over the past 3 years. NOR-MAN experienced a noticeably higher rate of hospital utilization than the rest of Manitoba for the following diagnostic categories: pregnancy and childbirth, respiratory and digestive system diseases, mental disorders, ill-defined conditions and injuries and poisonings. The NOR-MAN region rate of hospitalization was the fourth highest in the province, and was exceeded only by those of the Parkland, Burntwood and Marquette regions.

The 5 top causes of hospital utilization were pregnancy and childbirth, respiratory system diseases, digestive system diseases, circulatory system diseases, and injuries and poisonings. Compared with other RHAs, the NOR-MAN region ranked second in Manitoba for hospitalizations due to pregnancy and childbirth related conditions. Almost half of these admissions in 1996/97 were related to complications of pregnancy. The NOR-MAN region ranked fourth in Manitoba for hospitalizations due to conditions of the respiratory system, which included acute and upper respiratory infections, pneumonias and influenzas, and chronic lung diseases. Digestive system disorders were the third most common cause of hospitalizations in the NOR-MAN region and in Manitoba when the information was collected.

Circulatory system diseases included high blood pressure, types of heart disease, cerebro-vascular disease (stroke), and diseases of the arteries, veins, and lymphatics. NOR-MAN region's rate of hospitalization for this disease category was lower than that of Manitoba. Injuries and poisonings on the other hand were a serious problem in the region. The NOR-MAN region ranked second in Manitoba for hospitalizations due to injuries and poisonings.

Mental health problems were also a concern in the region. NOR-MAN ranked third in Manitoba for hospitalizations due to mental disorders. This was particularly interesting in that these figures pertained to people who were hospitalized in a region that did not as yet have a mental health facility.

A significant health problem in the NOR-MAN region is diabetes, which has been described as a problem of epidemic proportion among Aboriginal people living in the region and in other parts of the province. In 1994 the point prevalence for First Nations people was 148.81/1,000, compared to 59.34/1,000 for adults in Manitoba, which illustrates the serious nature of the problem for people of Aboriginal descent. The number of people with diabetes in Manitoba has doubled over the past 10 years and continues to grow at an alarming rate. According to a 1995 report in The Prairie Medical Journal, the NOR-MAN region had the second highest incidence and prevalence rates for diabetes in the province and was second only to the Burntwood region in this regard. The incidence of diabetes was the highest among women in the 45-54 year age category. The serious nature of this health problem draws attention to the need for a health care system that has a health promotion and prevention component, as well as a treatment capacity. It also speaks to the need for service providers to move beyond jurisdictional boundaries, and to work collaboratively to address this health problem.

When the 10 health determinants are examined collectively, it is evident that people in the NOR-MAN region are more at risk than people in many other parts of Manitoba. However, the diversity of the region from a geographical perspective is matched by the diversity among the communities that fall within its boundaries. Within the region, First Nations communities appear to be at a disadvantage when examined as a group. This is especially true when the health determinants of income, education, and morbidity are considered. However, even within this "grouping", there are communities that fare better from a health determinant perspective than others. In some cases, and with the exception of Snow Lake, outlying communities face special health related challenges. Women as a gender are also at a higher risk than men when certain illness categories are considered.

What is perhaps most important is to use these health determinants and the results from the Community Health Needs Assessment to guide decision

making, so that organizations like the RHA can set priorities for the future. From the perspective of the RHA, the results of the Needs Assessment suggest that decisions cannot be made in isolation of other organizations, consumer groups, communities, and families who must all work together to effect change. Health is a broad concept that crosses professional, departmental, and jurisdictional boundaries. It is our hope that this document will support a needs-based planning and intervention process that is client-centered and collaborative, and that builds on the strengths of our communities.

CHAPTER 1

INTRODUCTION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT

The NOR-MAN Regional Health Authority was established on April 1, 1997 under the provisions of *The Regional Health Authorities and Consequential Amendments Act* (Bill 49). Bill 49 created regional health authorities with responsibility for delivering and administering health services in specific parts of Manitoba. As the primary provider of health services in the NOR-MAN region, the NOR-MAN Regional Health Authority's mission is to "*create an integrated, responsive and accessible health services system which is supportive of individual and community needs*". Consistent with its mandate, the Regional Health Authority (RHA) delivers a range of services to residents in the NOR-MAN region. These services can be grouped into the following categories:

- Health Promotion/Education
- Health Protection
- Prevention and Community Health Services
- Treatment, Emergency and Diagnostic Services
- Developmental and Rehabilitation Services
- Home Care Services
- Long Term Care
- Mental Health Services
- Substance Abuse/Addictions Services
- Palliative Care
- Physicians Services.

The goal of the RHA is to deliver high quality programs and services throughout the region, and to contribute to the overall improvement of the health status of NOR-MAN residents. However, within the parameters established by Bill 49 and its own Vision and Mission statements, the RHA must make a number of decisions about the relative emphasis placed on each of the service areas that are listed above. Within each individual area, the nature and scope of the programs and services offered by the organization must also be determined. The most important factors to consider in making these decisions are the health needs of the people living in the NOR-MAN region. Unfortunately, in the past, information on community health needs has not always been readily available. Existing data has tended to focus on the province or the NOR-MAN region as a whole, and has seldom provided information about the needs of the many communities that comprise our region.

This report, and the work leading up to its publication, reflects the RHA's attempt to develop a greater understanding of the health needs of the people in the NOR-MAN region. The report presents the results from a Community Health Needs Assessment that was conducted by the RHA from May 1997 to January 1998. The research design for the Community Health Needs Assessment was based on the following principles and assumptions:

- A **broad definition of health** must be adopted, in order to understand all of the factors that contribute to individual well-being. This includes a **consideration of broad determinants of health** such as the environment, income and social status, education, social support networks, personal health practices and lifestyles, the availability of health services, and current health status.
- **The concept of "need" is complex**, and is defined in different ways by different people and organizations. "Need" can be a reflection of an actual discrepancy between the health status of two or more groups of people. It can also be perceived or "felt" by one or more individuals. The research approach that is best suited to a study of this nature must **combine different methods**, which address different dimensions of "need".
- The study should be **owned by the people in our region**, who have the potential to benefit from the information that has been gathered. It should provide information that can be used at the local community level, and for different purposes. As such, the community health needs assessment should be a **vehicle for community development and action**.
- The study should **inform the Regional Health Authority's planning process**. Information from the Needs Assessment should provide a rationale for new service initiatives, and for changes or improvements to services that are currently being delivered.
- The **research methodology** that was used during this first Community Health Needs Assessment will be **subjected to a formal review**. Suggestions for improvement will be used to enhance subsequent needs assessments, and produce results that will address information gaps and lead to excellence in service provision.

The approach that was used to conduct the Community Health Needs Assessment was participatory, and involved local community members from Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First

Nation, The Pas, Opaskwayak Cree Nation, Moose Lake/Mosakahiken First Nation, Cormorant, Snow Lake, Cranberry Portage, Sherridon and Flin Flon. Pukatawagan was not included in the study because legislated boundary changes which facilitated the transfer of this community from the Burntwood region to the NOR-MAN region were in progress when the Needs Assessment was being conducted. A review of the needs of the residents of Pukatawagan and its adjacent communities will be take place later this year.

As part of the Community Health Needs Assessment, community volunteers from different parts of the region assisted with the implementation of community surveys that were administered to 1,655 households in the region. Of those households, 686 participated in the survey, for a regional response rate of 41%. In some communities, well over 50% of the households responded to the survey, and in one community 89% of the households that were surveyed filled out a questionnaire. The community volunteers made decisions about the questions that were asked, and the ways in which the surveys were distributed and retrieved. Their contribution helped to make this component of the Community Health Needs Assessment a success.

Community volunteers also provided us with local information about their community that could not be obtained from other sources. This included reports about the services available in their community, local governance structures, and the state of their environment. Information from local volunteers was supplemented with information from organizations that provided services to all residents of the region, such as the Royal Canadian Mounted Police. These organizations were able to provide a broad perspective on the needs and issues facing NOR-MAN residents.

The research team also relied on information that was maintained by provincial and national bodies. Available statistical information obtained from Manitoba Health and Statistics Canada was used for the Needs Assessment. Other material, such as the Aboriginal Peoples Survey and Indian and Northern Affairs Canada reports, was also examined. This information provided us with a context in which to view the needs of our residents, and allowed us to examine how we fared in comparison to other Manitobans and Canadians.

As a final source of information, data obtained by the WESTARC Group was reviewed. This firm had completed health needs assessments in the communities of Flin Flon, The Pas and Opaskwayak Cree Nation in October and November 1996. Highlights from the WESTARC study are summarized in this report.

The 1997/98 Community Health Needs Assessment presents a profile of the health needs of people living in the NOR-MAN region. The report is organized into 6 sections. After these introductory comments, Chapter 2 provides a description of the NOR-MAN region and its environment. Issues such as waste management, air and water quality and pollution are examined in this Chapter. Chapter 3 describes the people in our region, and presents available population statistics for consideration. As will be discussed in Chapter 3, the statistics provided by different sources are not always consistent with one another, which creates problems for service planners, governing bodies and other groups who are trying to access resources for their communities.

Chapters 4, 5 and 6 describe the health and well-being of the people in the region. Three perspectives on health status are presented in these chapters. The first is the perspective of the government agencies and organizations which gather statistical information on health status and health needs. The second is the perspective of the community residents who responded to our survey, and the third is the views of local residents who participated in community focus groups on selected topics.

Chapter 7 describes the health and social services that are currently available in our region, including those provided by the NOR-MAN Regional Health Authority, Swampy Cree Tribal Council and other organizations. This is followed in Chapter 8 with a summary of the conclusions that can be drawn from the Community Health Needs Assessment.

CHAPTER 2

THE NOR-MAN REGION AND ITS ENVIRONMENT

2.1 Introduction

The NOR-MAN region covers a vast area of land spanning approximately 72,000 square kilometers. The region extends from Grand Rapids/Grand Rapids First Nation in the southeast corner to Flin Flon in the extreme northwest part of the region. The city of Flin Flon is situated on the Manitoba Saskatchewan border, close to its neighboring town of Creighton, Saskatchewan. The NOR-MAN region also includes Pukatawagan/Mathias Colomb First Nation, which is the most northern community in the region (see Figure 2.1). The people and communities that make up the region display considerable diversity in origin, governance structure, economic base, service availability and interconnectedness.

The NOR-MAN region has three distinct types of communities: (1) First Nations Communities; (2) Northern Affairs Communities; and (3) Cities, Towns and Municipalities. First Nations communities are located on Reserve lands and are governed locally by Chief and Council, under the jurisdiction of the federal government. Northern Affairs communities are governed by a local community council under the jurisdiction of the provincial Northern Affairs Act. The third category encompasses all the remaining communities, which are under provincial jurisdiction. These communities are typically incorporated, and are generally governed by a Mayor and Council. Table 2.1 provides an overview of the communities in the NOR-MAN region by type of community. The data that is included in this Table, and in Tables 2.2 – 2.10 was obtained from a number of sources including Manitoba Environment, Cree Nation Tribal Health Centre, Local Government Authorities, and local community needs assessment committees.

Table 2.1
Communities in the NOR-MAN Region by Type

First Nations Communities	Northern Affairs Communities	Cities, Towns And Municipalities
Grand Rapids First Nation Chemawawin First Nation Opaskwayak Cree Nation Mosakahiken Cree Nation	Easterville Moose Lake Cormorant Sherridon/Cold Lake	Grand Rapids The Pas RM of Kelsey Snow Lake Cranberry Portage Flin Flon

This chapter will be divided into sub-sections that describe different aspects of the environment in the communities that form the NOR-MAN region.

2.2 A Snapshot of Our Communities

Grand Rapids/Grand Rapids First Nation

Grand Rapids is located on PTH # 6 with the closest neighboring urban communities being Ashern and The Pas (see Figure 2.1). The community is approximately 250 kilometers south east of The Pas and 400 kilometers north of Winnipeg. Grand Rapids is situated at the mouth of the Saskatchewan River where it runs into Lake Winnipeg, downstream from Manitoba Hydro's Grand Rapids hydroelectric station. Grand Rapids First Nation is located on the east and south banks of the Saskatchewan River, immediately across from the townsite of Grand Rapids.

Although the community of Grand Rapids is governed by two authorities, Grand Rapids First Nation and the Town of Grand Rapids, the community is divided into three distinct areas: Grand Rapids First Nation, Town of Grand Rapids, and the Hydro Sub-division. Maps of these communities and the other communities that are discussed in sub-section 2.2 are provided in Appendix A. Grand Rapids First Nation constitutes the part of the community, which is located on reserve land and is governed by Chief and Council. The Town of Grand Rapids contains the land under provincial jurisdiction including the area known as the hydro sub-division. The hydro sub-division is the area in the community where many of the staff and families who work for Manitoba Hydro reside. The Town of Grand Rapids was recently incorporated as a town on January 1, 1997. Mayor and Council govern both the town and the hydro sub-division.

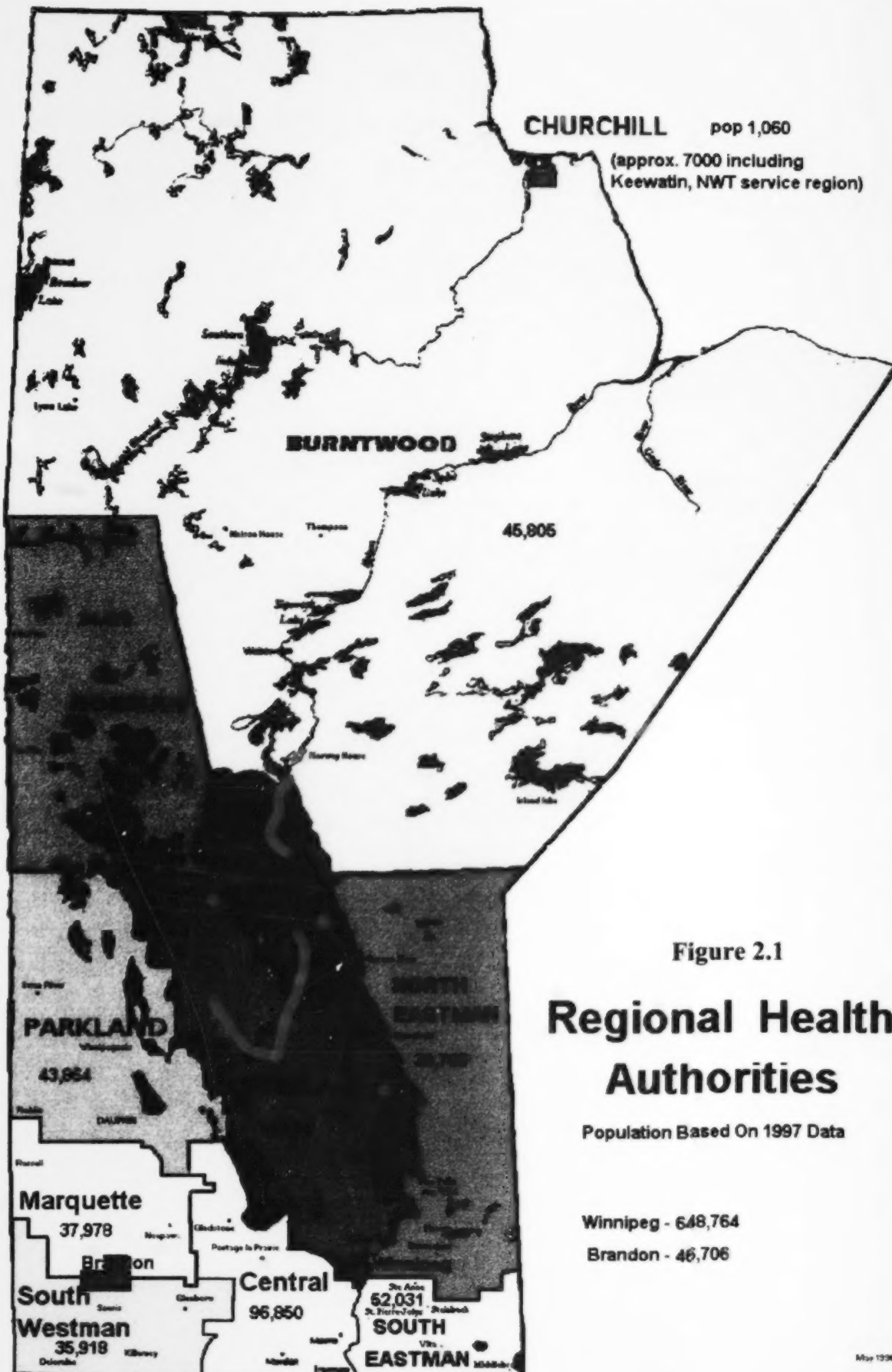


Figure 2.1

Regional Health Authorities

Population Based On 1997 Data

Winnipeg - 648,764

Brandon - 46,706

Easterville/Chemawawin First Nation

Easterville/Chemawawin is a remote community situated approximately 200 kilometers from The Pas and 100 kilometers from Grand Rapids/Grand Rapids First Nation (see Figure 2.1). There is a gravel access road, which links the community to PR # 327. PR # 327 connects both PTH # 6 and PTH # 10 and links the community to other larger urban centres. The closest neighboring urban communities are The Pas/OCN and Grand Rapids/Grand Rapids First Nation. Easterville/Chemawawin rely on these communities for many of its services.

Easterville/Chemawawin consists of two separate communities, the Northern Affairs community of Easterville and Chemawawin First Nation, which are situated adjacent to each other on the south shore of Cedar Lake. The community and Reserve relocated to its present day site in 1962/63 as a result of flooding of Cedar Lake caused by construction of the hydro dam at Grand Rapids. The flooding transformed Cedar Lake into a great reservoir. Chief Easter reported:

"The effects of the rapid process of change and modernization changed a way of life in the economic, social, physical, and spiritual structures into the lives of the Chemawawin people. This new community came to be known as Easterville."

Chief Clarence Easter, 1998

Chemawawin First Nation includes three reserve parcels of land, two of which are populated. Chemawawin First Nation No. 1 is located at Oleson Point on the south shore of Cedar Lake west of Easterville. This was the original site of the Reserve and is no longer populated. Chemawawin First Nation No. 2 is located adjacent to the community of Easterville on the southeast shore of Cedar Lake. Chemawawin First Nation No. 3 is located at the junction of Highway # 60 and # 327.

The Pas & Surrounding Area

The Pas is one of the oldest surviving communities in Western Canada, dating back to 1861 when Henry Kelsey visited the area. It is located 630 kilometers north of Winnipeg on PTH # 10 (see Figure 2.1). The Pas is comprised of three distinct but closely related communities, each of which have their own governing authority: the Town of The Pas, Opaskwayak Cree Nation (OCN) and the Rural Municipality (RM) of Kelsey. The three communities are independent but rely on each other for many of their services. There are also a number of people who reside on a full-time basis at Rocky Lake and Clearwater Provincial Park.

The Town of The Pas is a modern community located on the south shore of the Saskatchewan River. The town was incorporated in 1912 and is governed by a Mayor and Council. Known as the "Gateway to the North," the community serves as a major center for agriculture, forestry, transportation, tourism, government and other services. The area offers beautiful lakes and excellent fishing. The Pas is home to Tolko, which operates a world class lumber, pulp and paper mill.

Opaskwayak Cree Nation (OCN) is located on the north shore of the Saskatchewan River, adjacent to the Town of The Pas. OCN is governed by Chief and Council which provide an infrastructure of programs and services for band members. OCN manages a number of commercial enterprises on their land, including the operation of the Otineka Mall, the Kikiwak Hotel and a number of quality recreational facilities. OCN encompasses a total area of approximately 14,700 acres with 13 geographically separate sites. The Bignell Bridge spans the Saskatchewan River and provides the link between the Town of The Pas and OCN, as well as linking communities on the south shore of the River with other northern destinations.

The Rural Municipality (RM) of Kelsey is governed by Reeve and Council and covers a large geographical area, which stretches in distance approximately 120 kilometers from just south of the Town of The Pas to Cranberry Portage in the North. The RM consists of a number of smaller settlements and communities including: Batchelor sub-division; Carrot River Valley (Pasquia Settlement); Young's Point, Big Eddy and Umpherville settlements; Wanless and Cranberry Portage. Carrot Valley was developed in the 1950s, and is the most northern agricultural area in Canada. The Valley consists of 130,000 acres of prime land that is used for grain and other specialty crops, and to support cattle farms that are located in the Valley. Young's Point, Big Eddy and Umpherville are small Metis communities with a total population of approximately 300 people. Rall's Island, which is located east of The Pas, and Batchelor sub-division, situated just south of The Pas, are used mainly for rural residential living and some hobby farming. Wanless is situated 50 kilometers north of The Pas, with a small population of approximately 250 people.

Moose Lake/Mosakahiken Cree Nation

Moose Lake/Mosakahiken Cree Nation is located on the northern limits of the Saskatchewan River Delta, on the western shore of Cedar Lake. Moose Lake/Mosakahiken Cree Nation is a remote community which is situated approximately 100 kilometers northeast of The Pas (see Figure 2.1). It can be accessed by gravel road, which is approximately 64 kilometers from the nearest highway, PTH # 287. PTH # 287 runs through Clearwater Provincial Park before meeting up with PTH # 10, which links the community to other

larger urban centres. Moose Lake/Mosakahiken relies on The Pas for many of its services.

This part of our region consists of two closely related but independent communities; Mosakahiken Cree Nation, and Moose Lake. Mosakahiken Cree Nation comprises the adjoining Reserve 31A, Big Island, Trader's Lake, Crossing Bay and Little Limestone. The community of Moose Lake is a Northern Affairs community situated on provincial crown land.

Cormorant

Cormorant is a remote community situated off a gravel road approximately 45 kilometers from the nearest highway, PTH # 287 (see Figure 2.1). PTH # 287 runs through Clearwater Provincial Park before meeting up with PTH # 10 which links the community to other larger urban centres. The closest neighboring urban community is The Pas/OCN which is approximately 80 kilometers from Cormorant. Cormorant relies on The Pas/OCN for many of its services.

Cormorant is situated on the east shore of Cormorant Lake, in the west central part of Manitoba. It dates back to the early 1900s, and was originally a campsite for fishing, trapping and agricultural activities. The Cormorant of today is divided into two sections. The main section is a point along the north shore of the "Narrows" which connects Cormorant Lake with Little Cormorant Lake. A single lane timber bridge and causeway connect the balance of the community on the south shore of the "Narrows." Cormorant is a Northern Affairs community, which is governed by a Mayor and Council.

Snow Lake

Snow Lake celebrated its 50th anniversary in 1997. Located approximately 685 kilometers from Winnipeg, the Town of Snow Lake is situated directly off PR # 392 and 33 kilometers north of PTH # 393 (see Figure 2.1). Snow Lake was designated a Local Government District (LGD) in June 1947 and in September 1976, it was formally incorporated into a Town. It is governed by a Mayor and Council and is one of Canada's largest municipalities covering 1,209 square kilometers.

The discovery of significant ore deposits in the 1950's led to Snow Lake's development as a major mining center. The Hudson Bay Mining and Smelting (HBM&S) Company has operated many mines in Snow Lake since the 1950's. In 1993, tough times fell on the community of Snow Lake when HBM&S closed its last mine in the area and transferred many of its employees to Flin Flon. Ongoing exploration in the Snow Lake area and the

1995 opening of the New Britannia Gold Mine and the Photo Lake Copper and Zinc Mine expanded the employment prospects in the community.

Although mining has traditionally been the mainstay of the local economy, this friendly and hospitable town is quickly developing its tourism industry. Snow Lake is located on the east shore of the lake, which gives the Town its name. The community's quiet and natural ambiance, excellent fishing and abundant flora and fauna have attracted tourists from all over North America.

Cranberry Portage

Cranberry Portage is located on PTH # 10 between the larger urban communities of Flin Flon and The Pas (see Figure 2.1). Flin Flon is the closest larger center found 48 kilometers north of Cranberry Portage. Other neighboring communities to the south include The Pas, 100 kilometers away and the village of Wanless, 50 kilometers away. Cranberry Portage relies on The Pas and Flin Flon for many of its services.

The community is situated in the western part of the Grass River Provincial Park on a beautiful strip of land about 2.5 kilometers in width. The community is on a glacier ridge that separates Athapapaskow Lake on the west and First Cranberry Lake on the east, which provides access to both the Saskatchewan River and Nelson River systems. Cranberry Portage was formed in 1928 as an Unincorporated Village District (UVD) within the Local Government District of Consol (now known as the Rural Municipality of Kelsey). As of January 1, 1997, the UVD is now referred to as the Local Urban District (LUD) of Cranberry Portage. The local elected Council consists of 5 members, two of which represent Cranberry Portage on the Rural Municipality of Kelsey council.

Prior to 1928, Cranberry Portage was little more than it name implies, a portage in the route used by fur traders and Native people. The year 1928 saw the coming of the railway to Cranberry Portage. Since this time, Cranberry Portage has experienced population increases and decreases, a tragedy of fire, a radar site opening and closing, and the opening of Frontier Collegiate Residential School in 1965. In present day, Cranberry Portage is known for its abundance of beautiful lakes with excellent fishing and scenic landscapes. It is also a service center for tourism and education.

Sherridon/Cold Lake

Sherridon/Cold Lake is located on Kississing Lake, north of the 54th parallel. The two communities are located on the CNR rail line to Lynn Lake approximately 156 kilometers north of The Pas (see Figure 2.1). A 78 kilometer gravel access road was constructed in 1985 making this community road accessible. The community is now connected to PTH # 10 between Cranberry Portage and Flin Flon, which the community relies on for many of its services. Sherridon is also accessible by rail. Pukatawagan First Nations is found 72 kilometers further north of Sherridon and is accessible to Sherridon by rail or winter road.

Sherridon/ Cold Lake is a Metis community which covers an area of 4 square kilometers. Cold Lake is built around Kississing Lake, and is where most of the people in the community reside. Sherridon originated as the service center for the Sherrit-Gordan Mines, from which Sherridon received its name. It is located approximately one mile away from Cold Lake. Sherridon is a Northern Affairs community and is governed by a Mayor and Council.

The Sherrit-Gordan Mine closed in 1956, resulting in the relocation of many families to the community of Lynn Lake. There have been various mines that have been operated since then and active exploration has been in progress. Sherridon prides itself on the natural beauty of its community. This area is rich in wildlife and plants, and has many beautiful and well-stocked lakes.

Flin Flon

The City of Flin Flon is located in the "precambrian edge region" approximately 780 kilometers northwest of Winnipeg on the Manitoba/Saskatchewan border (see Figure 2.1). Two main highways, PTH # 10 (Manitoba) and PTH # 106 (Saskatchewan) connect Flin Flon with Winnipeg, Saskatoon and Prince Albert. Flin Flon's main economic base is mining. Other industries such as tourism and forestry have grown over the past years. The community offers a range of services which makes the community self sufficient, and which also attract tourists to the area. The abundance of picturesque lakes and rivers scattered throughout the area provides opportunities for various outdoor pursuits.

Flin Flon shares an economic base with two separate and distinct Saskatchewan communities: Creighton and Denare Beach. Creighton is located 3 kilometers south west of Flin Flon, and has a population of approximately 1,600 people. Denare Beach is approximately 18 kilometers south of Creighton and has an estimated population of 820 people. These communities have their own local and provincial governance structure, but this does not stop them from working together and sharing resources. There

are also a number of other Saskatchewan communities including, Deschambault (570 people); Pelican Narrows (780 people), and Sandy Bay (980 people) that rely on Flin Flon for its services.

The discovery of the initial Flin Flon ore body occurred in 1915. This makes Flin Flon the oldest surviving community in the area that is still actively engaged in mining. The community of Flin Flon was founded in 1929 and was incorporated as a municipality in 1933. It became a town in 1946 and was granted the status of a city in 1970. The city is governed by a Mayor and Council. There are a number of outlying areas such as Channing and Baker's Narrows that access Flin Flon for services and employment.

2.3 Local Governance

The following section provides the governance structure for each community as of January 1998.

Grand Rapids/ Grand Rapids First Nation

Town of Grand Rapids

Mayor: Robert Buck
Council: Oscar Olson
Pam Berthelette
Brian McLeod
Shawn Hafenbrak
Chief Admin
Officer: Lillian Turner
M.L.A.: Oscar Lathlin
M.P.: Bev Desjarlais
Grand Chief: Chief Francis Flett

Grand Rapids First Nation

Chief: Harold Turner
Council: William Ferland
Ron Ballantyne
Percy Ballantyne
Administrator: Karen Turner

Easterville/ Chemawawin First Nation

Community of Easterville

Mayor: Ethel McKay
Councillors: Ruth Arrow
Cecile Umpherville
Elizabeth Umpherville
Walter Umpherville
M.L.A.: Oscar Lathlin
M.P.: Bev Desjarlais
Grand Chief: Chief Francis Flett

Chemawawin Cree Nation

Chief: Clarence Easter
Councillors: Reginald Walker
Albert Packo
Robert Walker
Floyd George
Bill Hengemuehl
Administrator: Doris George

The Pas & Surrounding Area

The Town of The Pas

Mayor: Gary Hopper
Council: Grant Buchanan
James Hemauer
Jennifer Henderson
Albert Melnick
Herb Jaques
John St. Godard
CEO: John Marnock

RM of Kelsey

Reeve: Len Gluska
Council: Bruce McLean
Rod Berezowecki
Ernie Todoschuk
Dan Davie
Dave Cupples
Larry Johnson
Administrator: Leona Axccl

Opaskwayak Cree Nation

Chief: Chief William G. Lathlin
Council: Carolynn Constant
Edna Constant
George Constant
Lena Henderson
Diane Dorion
Stephen Head
General
Manager: Robbie Nasekapow
M.L.A.: Oscar Lathlin
M.P.: Bev Desjarlais
Grand Chief: Chief Francis Flett

Edwin Jebb
Gilbert Lathlin
William J. Lathlin
Glen Ross
Henry Wilson
Danny Young

Moose Lake/ Mosakahiken Cree Nation

Moose Lake

Mayor: Sandra Lambert
Councillors: Ralph Buck
Charlie Fosseneuve
Ronnie Buck
Margaret Anderton
Kelvin Knight
Administrator: Helen Sinclair
M.L.A.: Oscar Lathlin
M.P.: Bev Desjarlais
Grand Chief: Chief Francis Flett

Mosakahiken Cree Nation

Chief: Phillip Buck
Councillors: Joey Martin
Ralph Nasekapow
Sam Ettawakapow
Jonas Grey
Administrator: Lorna Marion

Cormorant

Community of Cormorant

Mayor: Verna Hunter
Councillors: Lawrence Genaille
Peter Constant
Administrator: Beverly Shlachetka
M.L.A.: Oscar Lathlin
M.P.: Bev Desjarlais

Helen Fenner
Joseph Sydor

Snow Lake

Town of Snow Lake

Mayor: Lawrence Samborski
Councillors: Ken Booth
Dave Mayer
John Dutka
Town Administrator: Charles Dunning
M.L.A.: Gerard Jennissen
M.P.: Bev Desjarlais

Brian Margetson
Connie Pohl
Ernie Ramstead

Cranberry Portage

Local Urban District (L.U.D) of Cranberry Portage

Reeve: Len Gluska
Councillors: Dave Cupples
Larry Johnson
Sharon James

James Murray
Marion Milner

Secretary/
Treasurer: Helen Penner
M.L.A.: Gerard Jennissen
M.P.: Bev Desjarlais

Sherridon/Cold Lake

Community Council of Sherridon/Cold Lake

Mayor: Dennis Hatch
Councillors: Tim Matheson Debi Hatch
 Colin Pruden Nick Benyk
M.L.A.: Gerard Jennissen
M.P.: Bev Desjarlais

Flin Flon

City of Flin Flon

Mayor: Graham Craig
Council: Greg Bauman Craig Mohr
 Lawrence Wheeler Dave Law
 Connie Roberts Tom Therien
Administrator: Ken Shoemaker
M.L.A.: Gerard Jennissen
M.P.: Bev Desjarlais

2.4 Infrastructure

Each community in the NOR-MAN region has its own service infrastructure that is governed by local authorities. The governing authorities employ staff who are responsible for ensuring that community members have access to both basic and ancillary services at the local level. In communities where there is more than one local authority, there are often separate infrastructures available in each part of the community (e.g., Town and First Nation). There may also be an agreement in place to share a single service such as a water treatment plant.

At the Tribal Council and Provincial levels, two bodies are charged with the task of addressing environmental concerns. Cree Nation Tribal Health Center employs an Environmental Health Officer who works closely with the First Nations communities in areas relating to environmental health. Manitoba Environment works closely with all other communities in the region to address similar concerns.

This sub-section of Chapter 2 will describe the basic infrastructure that is currently in place in the communities in the NOR-MAN region. Areas that will be considered under the infrastructure heading include:

- Municipal Office
- Municipal Water Treatment
- Municipal Waste Water Treatment System
- Solid Waste Disposal
- Snow Removal
- Roads and Traffic Flow
- Land Use.

Grand Rapids/ Grand Rapids First Nation

The infrastructure of the Town of Grand Rapids and Grand Rapids First Nation is outlined in Table 2.2. Each of the communities has their own Municipal Office and infrastructure in place. The only area that both communities access is the Waste Disposal Ground, which is operated by the Town of Grand Rapids.

Table 2.2
Infrastructure of Grand Rapids/Grand Rapids First Nation

Infrastructure	Town of Grand Rapids	Grand Rapids First Nation
Municipal Office	✓	✓
Municipal Water Treatment	<u>Two community wells</u> Provides untreated water to trailer court & RCMP. 1 well not currently used. <u>Water Treatment Plants</u> Manitoba Hydro townsite Grand Rapids School.	<u>Two community wells</u> Approximately 200 feet deep. Provide water to the new water treatment plant.
Municipal Waste Water Treatment System	<u>Manitoba Hydro Townsite</u> Two cell lagoon receives sewage from a force main and truck hauled system and treated sewage discharged into Lake Winnipeg twice each year.	<u>Force Main Sewage System</u> Two cell lagoon built in 1996 receives sewage from a force main into a lagoon and truck hauled system.

Infrastructure	Town of Grand Rapids	Grand Rapids First Nation
	<u>Trailer Park & RCMP</u> Sewage is pumped to a sewage treatment plant which discharges continuously into Lake Winnipeg. <u>School & Teacherages</u> Extended aeration type of sewage treatment plant that discharges into the Saskatchewan River. <u>Private Systems</u> 70 to 80 dwellings have private systems.	Sewage is discharged in the spring and fall into Seepeesik Creek which flows to the mouth of Lake Winnipeg.
Waste Disposal Ground	<u>Class II Waste Disposal</u> Site operated by the Town of Grand Rapids.	Accesses the Town's site. Currently no cost-sharing agreement in place.
Snow Removal	Maintained by MB. Highways and MB.Hydro.	Maintained by MB. Highways.
Roads	Mixture of paved and gravel roads. PTH # 6 runs through the community.	Mixture of paved and gravel roads. PTH # 6 runs through the community.
Land Use	Mixture of commercial, residential and green space. Zoning by-laws in place.	Mixture of commercial, residential and green space. Zoning by-laws in place.

Easterville/Chemawawin First Nation

Easterville/Chemawawin First Nation is operated by two governing authorities, each of which is responsible for administering its own community's infrastructure. Due to the small population of the community, the Easterville and Chemawawin First Nation rely on each other for services. Table 2.3 provides an overview of the infrastructure found in the communities of Easterville and Chemawawin First Nation.

Table 2.3
Infrastructure of Easterville/Chemawawin First Nation

Infrastructure	Community of Easterville	Chemawawin First Nation
Municipal Office	✓	✓
Water Treatment System	<u>Two drilled deep wells</u> Pumphouse #1 is the primary drinking water source with Pumphouse #2 used as a back-up. Drinking water is delivered by truck and stored in water cisterns.	<u>Water Treatment Plant</u> Provides piped water from 3 wells to the south side of the community. <u>Water Holding Tanks</u> Homes in the north end receive water by trucks to holding tanks.
Waste Water Treatment	<u>Sewage Holding Tanks</u> Most homes have sewage holding tanks. Sewage is trucked to Chemawawin Treatment Plant. One or two houses still using pit privies.	<u>Force Main System</u> Sewage from the south end travels via pipe to the treatment plant and discharges into Cedar L. A sludge disposal site is being planned for '98. <u>Sewage Holding Tanks</u> Homes on the north side have sewage holding tanks, or bucket privies.
Waste Disposal Ground	<u>Class III Waste Disposal Site</u> Cost-shared site.	<u>Class III Waste Disposal Site</u> Cost-shared site.
Snow Removal	Easterville maintains their own snow removal. MB. Highways maintains the gravel access road.	Chemawawin maintains their own snow removal. MB. Highways maintains the gravel access road.
Roads	All roads are gravel. Roads are dusty and in poor condition.	Same as Easterville.
Land Use	Mixture of commercial, residential and green space.	Consists of three reserves, two of which are populated.

The Pas & Surrounding Area

The Pas and surrounding areas are governed by three local authorities, each with its own service infrastructure. Table 2.4 provides an overview of the infrastructure found in The Pas, Opaskwayak Cree Nation and the Rural Municipality of Kelsey.

Table 2.4
Infrastructure of The Pas and Surrounding Areas

Infrastructure	Town of The Pas	Rural Municipality of Kelsey	Opaskwayak Cree Nation
Municipal Office	✓	✓	✓
Water Treatment System	<u>Water Treatment Plant</u> Draws 1 million gallons of water daily from the Saskatchewan R. includes a .5 M gallon under-ground storage reservoir.	<u>Wells and Dugouts</u> Residents have their own water and treatment system. Carrot Valley is exploring the feasibility of water system for the area.	<u>Water Treatment Plant</u> 2 deep wells work on interval basis. Plant is at peak capacity. There is a concern that the plant will not be able to keep up with demand. Bracken Dam and Reserve 21A have water trucked in.
Waste Water Treatment	<u>One Cell Mechanically Aerated Sewage Lagoon</u> Treated sewage is discharged into Grace Lake. An upgrading program initiated in 1996 with completion in 1998.	<u>Town of The Pas Lagoon</u> Surrounding communities of The Pas access The Pas Lagoon by a truck haul system.	<u>Sequential Batch Reactor Mechanical Treatment Plant</u> Most homes have sewer lines. Bracken Dam and Reserve 21A have private sewage systems and is truck-hauled. Treated effluent discharged in Sask. River.

Infrastructure	Town of The Pas	Rural Municipality of Kelsey	Opaskwayak Cree Nation
Waste Disposal Ground	<u>Class I Waste Disposal Ground</u> – Town & RM located 1 km from The Pas.	<u>Class I Waste Disposal Ground</u> – Town & RM located 1 km from The Pas.	<u>Waste Disposal Ground</u> large site located 5 km north of OCN.
Snow Removal	Town of The Pas & MB. Highways is responsible for snow removal.	RM and MB Highways are responsible for snow removal.	OCN is responsible for all snow removal.
Roads	Majority of roads are paved and in good repair.	Majority of roads are gravel.	Majority of roads are gravel with some roads paved.
Land Use	Mixture of residential, commercial and green spaces. Zoning by-laws are in place.	Mixture of residential, agricultural, industrial and green spaces. Zoning by-laws in place.	Mixture of residential, industrial and green spaces. Zoning by-laws in place.

Moose Lake/Mosakahiken Cree Nation

Moose Lake/Mosakahiken Cree Nation is operated by two governing authorities, each responsible for administering their own community's infrastructure. Due to the small population base in Moose Lake/Mosakahiken, the two communities rely on each other for services. Table 2.5 outlines the infrastructure of services available in Moose Lake and Mosakahiken Cree Nation.

Table 2.5
Infrastructure of Moose Lake

Infrastructure	Community of Moose lake	Mosakahiken Cree Nation
Municipal Office	✓	✓
Water Treatment	<u>Drilled Well Water Treatment Plant</u> Operated by Moose Lake Community Council. The raw water at the plant is softened to reduce the hardness and iron content, and treated.	Accesses Moose Lake's Water Treatment Plant. Some homes in the Trader's Lake and Crossing Bay area have water delivered to water holding tanks and barrels A few wells exist in the Crossing Bay area, most have been sealed.
Waste Water Treatment	<u>Municipal Three-Cell Sewage Lagoon</u> One primary and two secondary cells which receives sewage from a forced-main and truck-hauled sewage system. Sewage discharged into South Moose Lake in spring and fall.	Accesses Moose Lake's sewage lagoon. Sewage holding tanks and outhouses in the Trader's Lake and Crossing Bay areas and sewage is truck-hauled to the lagoon.
Waste Disposal Ground	<u>Class III Waste Disposal Site</u> Located between the main Reserve and Trader's Lake.	Shares the Waste Disposal Ground with Moose Lake.
Snow Removal	Community Council is responsible for own snow removal. MB. Highways maintain the gravel access road.	Band is responsible for own snow removal as needed. MB. Highways maintains the gravel access road.
Roads	Roads are all gravel and in average condition. The gravel access road linking Moose Lake to PTH # 287 is in need of upgrading.	Roads are all gravel. Crossing Bay junction has been reported as being washboard down the hill and the Trader's Lake area is very icy all winter long.

Infrastructure	Community of Moose lake	Mosakahiken Cree Nation
Land Use	Mixture of residential, commercial and green space in community. No zoning by-laws in place.	Three distinct areas include townsite, Traders Lake and Crossing Bay. There are no zoning by-laws in place.

Cormorant

Cormorant is a Northern Affairs community under the jurisdiction of the department of Northern Affairs. The municipality is responsible for providing an infrastructure of services for the community. Table 2.6 provides an overview of Cormorant's infrastructure.

Table 2.6
Infrastructure of Cormorant

Infrastructure	Community of Cormorant
Municipal Office	✓
Water Treatment System	<u>Two Water Treatment Plants</u> Two identical water treatment plants, one on the north side and the other on the south side of the community. Each plant is supplied by water from a deep, drilled well.
Waste Water Treatment	<u>Municipal two-cell sewage lagoon</u> Services the north section of the community. Discharges effluent twice a year in the spring and fall. <u>Sequencing Batch Reactor-type (SBR) Sewage Plant</u> The SBR became operational in 1996 and only receives truck hauled wastes from the south side of the community. Effluent discharged daily. Northern Affairs will begin to provide houses on the south side with hook-ups in 1998.
Waste Disposal Ground	Class III Waste Disposal Ground

Infrastructure	Community of Cormorant
Snow Removal	The community is responsible for their own snow removal. MB Highways maintains the gravel access road.
Roads	All roads within Cormorant are gravel including the access roads that link to PTH # 286. The single lane timber bridge and causeway is the only road link into the north shore.
Land Use	The north section is where the majority of the community's infrastructure is located and also is the site of some residential properties. The balance of the community and residential properties lies on the south shore. There are no zoning by-laws in place.

Snow Lake

The Town of Snow Lake is responsible for providing an infrastructure of services (see Table 2.7) for the town's ongoing operation. The Town relies on a tax base to provide these local services, which are managed/delivered by 9.5 Town employees.

Table 2.7
Infrastructure of Snow Lake

Infrastructure	Town of Snow Lake
Municipal Office	✓
Water Treatment System	<u>Municipal Water Treatment Plant</u> Draws approximately 350,000 imperial gallons of raw water daily from Snow Lake.
Waste Water Treatment	<u>Cowatt Sewage Treatment Plant</u> Provides primary and secondary treatment. Treats sewage from the townsite as well as truck-hauled sewage from cottages. Effluent is discharged into the east end of Snow Lake.
Waste Disposal Ground	<u>Class II Waste Disposal Ground</u> Located 2.4 kilometers south of town.

Infrastructure	Town of Snow Lake
	On-site waste disposal facility at New Britannia Mine. Garbage pick-up available.
Snow Removal	Town of Snow Lake maintains all roads in town. MB.Highways maintains PR # 392.
Roads	95% of roads in the community are paved. PR # 392 is the only access into the community.
Land Use	A planning scheme is in place with limited expansion beyond the current areas within the townsite.

Cranberry Portage

The Local Urban District (L.U.D.) of Cranberry Portage is responsible for providing an infrastructure of services (see Table 2.8) for the community's ongoing operation. The Town relies on a tax base to provide these local services. The L.U.D. office is located on the Main Street in Cranberry Portage and is staffed by a Secretary/ Treasurer, a Foreman and a helper.

Table 2.8
Infrastructure of Cranberry Portage

Infrastructure	L.U.D. of Cranberry Portage
Municipal Office	✓
Water Treatment System	<u>Water Treatment Plant</u> Raw water from Lake Athapapuskow is treated and pumped to a storage reservoir at Frontier Collegiate. Many homes on the lakes draw water from the lake.
Waste Water Treatment	<u>Two Cell Non-Conventional Sewage Lagoon</u> A force-main and a truck hauled system in place with Gold Hill Lake used as the secondary cell. Some homes on the lakes and the campground have their own septic systems. Treated sewage is discharged into First Cranberry Lake in the spring and fall.

Infrastructure	L.U.D. of Cranberry Portage
Waste Disposal Ground	<u>Class II Waste Disposal Ground</u> Located approximately 3 kilometers northeast of town.
Snow Removal	Manitoba Highways maintains PTH # 10, school routes, Public Road, McLean St. and Brydges Ave. All other roads maintained by the L.U.D.
Roads	Mixture of paved and gravel roads in community. PTH # 10 passes right through the community. Two access roads which lead to the lakes.
Land Use	Town Planning Committee in place. A number of commercial properties available.

Sherridon/ Cold Lake

The municipality of Sherridon/ Cold Lake is responsible for providing an infrastructure of services (see Table 2.9) for the community's ongoing operation. The community relies on a tax base to provide these local services. A local government office is staffed by a town clerk and two maintenance workers.

Table 2.9
Infrastructure of Sherridon/ Cold Lake

Infrastructure	Sherridon/Cold Lake	Cold Lake
Municipal Office	✓	✓
Water Treatment System	<u>Water Treatment Plant</u> Located on the shore of Charlette Lake. Raw water is drawn into the plant, treated and stored into two reservoirs.	<u>Water Treatment Plant</u> Located on the shore of Kississing Lake. Raw water is drawn from Cold Lake into the plant, treated and stored until used.
Waste Water Treatment	<u>Sewage Treatment Facility</u> Waste water is treated by two rotating biological contractors and effluent is continually discharged into Charlette Creek.	<u>Two-Cell Sewage Lagoon</u> Services the Cold Lake School, teacher's residence and truck

Infrastructure	Sherridon/Cold Lake	Cold Lake
		hauled sewage from 18 to 20 sewage holding tanks in Cold Lake. Treated sewage effluent from the second cell is discharged to Camp Lake twice/year.
Waste Disposal Ground	<u>Class III Waste Disposal Site</u> Located 5 km from town. Regular garbage pick-up.	Cold Lake uses the same waste disposal site.
Snow Removal	Roads maintained by the Town. MB. Highways maintain the Kississing Lake road.	Same as Sherridon/Cold Lake.
Roads	All roads are gravel and are in poor condition. The gravel access road is in poor condition.	Same as Sherridon/Cold Lake
Land Use	Residential and commercial land interspersed: many vacant buildings.	Same as Sherridon/Cold Lake

Flin Flon

The City of Flin Flon has a large staff to provide an infrastructure of services (see Table 2.10) for the residents of Flin Flon. The City relies on a tax base to provide these local services. There are a number of families who reside outside of the city limits in cottage areas. These residential properties are not taxed but receive some services from the City of Flin Flon.

Table 2.10
Infrastructure of Flin Flon

Infrastructure	City of Flin Flon
Municipal Office	✓
Water Treatment System	<u>Water Treatment Facility</u> Approx. 1.5 M gallons of water each day is drawn from the "sanitary area" of Cliff Lake/Trout Lake. Treatment is limited to chlorination and fluoridation. The city is investigating the possibility of upgrading the water system and providing a filtration system.
Waste Water Treatment	<u>Sewage Treatment Facility</u> Only primary treatment and chlorination for wastewater is done. The facility does not treat sewage to the minimal standards required by most municipalities. The present sewage system is causing degradation of water quality in Ross Creek and the northwest arm of Schist lake. Placard warnings have been posted. City passed a resolution in 1997 to proceed with an upgrade program pending funding arrangements. <u>Channing</u> Unsupervised subdivision of Flin Flon with no water/sewer services. Channing Ratepayers have lobbied the City and the City passed a resolution in April '97 to support a \$5.0M water/sewer project. Private sewage disposal systems are used and are not all functioning properly. Sewage is truck-hauled.
Waste Disposal Ground	<u>Class I Waste Disposal Ground</u> Located 1 kilometer east of the Channing sub-division.
Snow Removal	The city maintains roads within city limits. MB. Highways maintains PTH # 10.
Roads	Majority of roads are paved.
Land Use	Zoning by-laws are in place. Mixture of residential, industrial and green space throughout the city.

2.5 Industry, Business and Commerce

The communities which constitute the NOR-MAN region are diverse and cannot be described as a single, cohesive economic unit. According to Northern Manitoba, A Benchmark Report, the economic prosperity of the region can be traced back as far as the Fur Trade in the 1700's. Many Aboriginal settlements were established throughout the North, with most Aboriginal people moving in "seasonal round" to trap, hunt, fish and gather for their living.

Following the Red River uprising of 1870, there was a movement of Metis people to other locations throughout the Province including the NOR-MAN region. Many Metis individuals found employment as laborers building the rail line to Churchill. This contributed to the establishment of many Northern Affairs communities throughout the region.

The industrialization of the North in the early 1900's marked another important part of settlement in the region. Mining, agriculture, hydro-electric power, and forestry have all contributed to the economic prosperity of the region. The economic base of the communities in the region varies, and is described in the sub-sections that follow.

Grand Rapids/Grand Rapids First Nation

In Grand Rapids and Grand Rapids First Nation, the main industries include commercial fishing, trapping, logging and employment with Manitoba Hydro. The municipal and provincial governments, Frontier School Division, and local businesses also employ local residents.

Basic staples and limited produce are available in the community. Many residents access larger centres such as Ashern and The Pas for supplies.

Easterville/Chemawawin First Nation

The most important economic activities in Easterville and Chemawawin are commercial fishing, trapping, logging, heavy equipment contracting and residential development. Other employment opportunities in the community include work for local businesses, the Chemawawin School, the local nursing station, the Band and government services. Community residents report a shortage of employment opportunities, and unemployment remains extremely high in the community.

Residents shop locally as well as travel to The Pas and Grand Rapids to access many of their staples and services.

The Pas & Area

The main source of employment for people residing in The Pas and the surrounding area is the forestry industry. The major forestry employer is Tolko, who recently acquired the paper and saw mill from Repap Enterprises. Tolko is located north of The Pas off PTH # 10. Residents of The Pas and the surrounding communities also find employment in the farming, fishing and tourism industries. Kelsey School Division, Opaskwayak Education Authority and Keewatin Community College employ a number of individuals in the education field. The NOR-MAN Regional Health Authority is the major health sector employer in the Town of The Pas and in the NOR-MAN region. The Town of The Pas and Opaskwayak Cree Nation are also major employers in the community. OCN has a number of commercial enterprises including the operation of a number of businesses, the Otineka Mall, and the Kikiwak Inn.

The Pas is a service center for many of the outlying communities, and as such, has a large number of businesses and government services in the area. The Pas Chamber of Commerce is a large, thriving organization that works towards economic growth and support for businesses. Their aim is to provide a diverse economic base for the area. The Town of The Pas has an Economic Development Officer on staff. Cedar Lake Community Futures is also in existence to support economic and community growth in the Cedar Lake area.

Moose Lake and Mosakahiken First Nation

Moose Lake and Mosakahiken's major sources of employment are in the areas of logging, trapping and fishing. Moose Lake Loggers provides the most notable amount of employment for the community. Both the community and the Band have assumed ownership of Moose Lake Loggers Limited. Other employment in the community includes work with local businesses, the school, nursing station, RCMP, Mosakahiken First Nation, and the Moose Lake Community Council. Unemployment is high in the community.

Residents shop locally as well as travel to The Pas to access many of this community's staples and services.

Cormorant

The main industries in Cormorant include forestry, commercial fishing, trapping, and tourism. There are two logging companies in the area that provide employment for local residents. Commercial and sport fishing as well as trapping provide economic opportunities for the community.

Cormorant Lake Lodge caters to tourists who come to the area for hunting and fishing. There are residents who provide guide services for the Lodge.

Wild rice is planted in the shallow areas of nearby lakes and is a source of income for local residents. The potential for limited agriculture has also been explored by an Agriculture Cooperative. Other employment sources include work with the local Community Council, Frontier School Division, the nursing station and other local businesses. Unemployment remains high in the community.

Residents shop locally as well as travel to The Pas to access many of its staples and services.

Snow Lake

Existing industry in Snow Lake consists of two mining companies, Hudson Bay Mining and Smelting and TVX Gold Inc., which are the community's major sources of income and employment. Business and trade in Snow Lake is comparable to other communities of its size. Staples are generally available, and a small selection of most items is available either in town or by mail order. Financial institutions include the Royal Bank of Canada and Mutual Life of Canada. Forsyth Agencies is available in the community for insurance needs.

Snow Lake has a Chamber of Commerce, which held its first organizational meeting in February 1997. The Town of Snow Lake also employs an Economic Development Officer.

Cranberry Portage

Cranberry Portage's main industries are tourism and education. There are nine hunting and fishing lodges, which offer tourists and sport anglers with excellent hospitality, fishing, hunting and canoeing opportunities. Education services are administered through Frontier School Division # 48 and include Cranberry Portage Elementary and Frontier Collegiate, a provincial residential school.

Tolko's pulp and paper mill, situated just north of The Pas, is another source of employment for the community, and residents are employed at the sawmill in logging operations or as heavy equipment operators. There are a number of businesses that provide basic services for residents. Other services such as banking, insurance and pharmacy services must be accessed through the larger centers of Flin Flon and The Pas.

Sherridon/Cold Lake

The major sources of employment in Sherridon/Cold Lake are trapping, commercial fishing, logging, wild rice harvesting and tourism. There are two logging camps in the area which produce pulp for Tolko in The Pas. Tourism is a major source of employment in season and there are three lodges available to serve tourists. Despite these opportunities, unemployment is very high in Sherridon/Cold Lake.

There are a few local businesses that provide community members with basic staples. For other services, Sherridon residents depend on the neighboring communities of Flin Flon and Cranberry Portage.

Flin Flon

The main source of employment in the Flin Flon area is mining. Hudson Bay Mining and Smelting is the major employer in Flin Flon, and employs in excess of 2200 people. The company is primarily involved in mining and processing ore.

Other main sources of employment in the Flin Flon area are forestry and tourism. As Flin Flon is a service center for many surrounding communities both in Manitoba and Saskatchewan, there are a large number of local businesses and government services in the community. The city of Flin Flon employs a large number of people as does the Flin Flon School Division and the NOR-MAN Regional Health Authority. Economic development for the Flin Flon areas is a focus of several organizations including Greenstone Community Futures, Norman Regional Development Commission, the Flin Flon Chamber of Commerce, and the Core Business association. The City also employs a full-time Community Economic Development Officer.

2.6 Energy

The major energy source in all communities is land line electrical power supplied by Manitoba Hydro, a Provincial Crown Corporation. Virtually all electricity is from self-renewing waterpower. The customer service office for the region is based in The Pas. Other sources of energy include bulk propane and fuel oil.

Manitoba Hydro has a generating station in Grand Rapids which is located on the Saskatchewan River about four kilometers from Lake Winnipeg. The station has a capacity of more than 472 megawatts. It was the first

hydroelectric generating station that Manitoba Hydro built in northern Manitoba to produce power for the province after the Winnipeg River System had been developed. Construction of the site began in January 1960 and was fully operational by November 1968. Grand Rapids is the only generating station that was built by Manitoba Hydro on the Saskatchewan River. The generating station acts as the controlling station for the entire provincial power system. A major upgrade of the facility was initiated in 1995-97. It is expected that the upgrade will make the units more efficient and will increase their megawatt output by approximately ten percent. In addition, new designs at the generating station will incorporate many features, which will lessen the impact of Manitoba Hydro on the environment.

Manitoba Hydro has reached a settlement agreement with many of the First Nation communities in the region to compensate the people for the impact of the flooding that occurred when the Grand Rapids generating station was built. In 1990, the residents of Chemawawin/Easterville and Mosakahiken/Moose Lake received \$21 million. In 1991, Opaskwayak Cree Nation received \$4.56 million; Grand Rapids First Nation received \$5.05 million and the Cormorant Community Council received \$1.198 million as a result of their settlement agreements. (Manitoba Hydro, (1994). A History of Electric Power in Manitoba)

2.7 Transportation

This section will examine transportation services that exist in communities in the NOR-MAN region. Areas that will be discussed include (1) air; (2) bus; (3) rail; (4) motor carrier; (5) taxi and (6) rental services. Transportation services and the accessibility to other communities and to the south vary widely throughout the region. Many of the larger urban communities in the region enjoy the benefits of all weather roads, scheduled air, bus, and rail services while many of the smaller communities have poor road conditions and limited or no transportation services.

Air Service

The City of Flin Flon and The Town of The Pas both operate municipal airports which provide daily scheduled air services to Winnipeg. Flin Flon's airport is located at Baker's Narrows and The Pas airport is at Clearwater Lake. Many of the outlying communities rely on these airports for air services.

There is a landing strip at Grace Lake Airfield just outside of The Pas for charter and government services. All of the remaining communities have some form of airstrip with the exception of Cormorant, Cranberry Portage and Sherridon. Most of the airstrips are accessed for government air services as well as emergency charters. Float planes can be landed in all communities. Grand Rapids has an airport which is owned and operated by Manitoba Hydro. Northern Manitoba Airports operate an unattended, 2,600 foot gravel airstrip in Easterville. Moose Lake has an 3,400 foot gravel airstrip which is occasionally maintained. Snow Lake has a 3,500 foot lighted runway. Regular flight services to Winnipeg are available from mid-May to late September.

Bus Service

The only community in the region with a local bus service is Flin Flon. Flin Flon City Council contracts out the local transportation routes to Northern Bus Lines. Grey Goose provides daily out-of-town service to all communities with the exception of Moose Lake, Cormorant, and Sherridon. A flag stop service at the Easterville Road junction at Chemawawin Service Station is available for residents of Easterville/Chemawawin.

Rail Service

Omni Track provides passenger and freight service to the communities of The Pas, Flin Flon, Cormorant, and Sherridon. Omni Track provides freight service only to Cranberry Portage. Via Rail provides passenger service to Cranberry Portage. There is no rail service available in Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First Nation, and Moose Lake/Mosakahiken.

Motor Carrier

Gardewine North and Forest Moving Limited are the two motor carrier services in The Pas. Gardewine North also provides weekly freight delivery service to Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin, and Cormorant. In Flin Flon, Snow Lake, Cranberry Portage, and Sherridon/Cold Lake, the following motor carrier services are available: Forest Moving Ltd., Gardewine North, Risdale Trucking, Reimer Express Ltd., and Northern Bulk. There is no motor carrier service available in Moose Lake/Mosakahiken.

Taxi Service

All communities have taxi services with the exception of Cranberry Portage. Taxi service in the outlying communities is accessed for more than personal and pleasure use. It is also accessed regularly for medical appointments and emergency charters to communities with secondary or tertiary care facilities.

Rental Companies

Rental car services are based in Flin Flon and The Pas. There is no rental service available in the remaining communities in the region.

2.8 Communications

Effective communication systems are an important part of a community's ability to link with the outside world. Four communication services will be described in this section. They include: (1) telecommunications; (2) newspaper; (3) radio, and (4) television. Postal services also fall under this category and are provided in every community by Canada Post.

Telecommunications

Telecommunications are available in every community and are supplied by Manitoba Telephone System. MTS Customer Service is available in The Pas and Flin Flon and is responsible for handling all trouble calls and new installations in the region. MTS offers a variety of features to communities. The number of features available varies from community to community. At the present time, cellular phone service is only available in The Pas and Flin Flon. Radios are also utilized in a number of outlying communities by groups such as the RCMP, nursing station staff, local schools, and local governing bodies.

Despite the apparent availability of telephones in all communities in the region, many residents do not have telephones in their homes. As an example, over half of the residents Sherridon/Cold Lake do not have a telephone.

Newspaper

Most of the communities in the NOR-MAN region publish a local newspaper or newsletter, with the exception of Easterville/Chemawawin, Moose Lake/Mosakahiken and Sherridon/Cold Lake. All communities have access

to selected community, provincial, and national newspapers. Flin Flon has access to two local papers, the Flin Flon Reminder which is published five times a week and the Creighton Goldbelt Gazette, which publishes on a weekly basis. The Pas' local newspaper is the Opasquia Times, which is published on Wednesdays and Fridays. Opaskwayak Cree Nation publishes a weekly newspaper called the Natotawin. Swampy Cree Tribal Council publishes a monthly newspaper called Ka nekanotayak, which is available to all communities under the Swampy Cree Tribal Council. Snow Lake publishes two newspapers: the Snow Lake News is a weekly paper and the Underground Press is a monthly paper. Grand Rapids publishes its own newspaper titled the Grand Rapiidian. The communities of Cormorant and Cranberry Portage do not have a newspaper but do publish community newsletters.

Radio

All communities have access to CBC North Country and NCI in Thompson. The Pas and Flin Flon have a local broadcast of CJAR radio.

Television

All communities have access to at least one television station, CBC, unless individuals have their own satellite dish, or community cable service.

2.9 Recreation, Parks & Leisure Services

There is a range of recreation, parks and leisure services available in communities in the NOR-MAN region. Some communities have recreation staff who coordinate the recreation services for the community while others rely on community volunteers to run the programs. This section will provide a brief description by community in three areas: (1) recreation facilities; (2) parks and green spaces; and (3) recreation programs.

Grand Rapids/ Grand Rapids First Nation

Recreation Facilities

- Grand Rapids arena (natural ice)
- Hydro townsite ball park
- Grand Rapids First Nation ball park

- Manitoba Hydro Recreation Centre
- Grand Rapids Curling Club
- Grand Rapids School gymnasium

Parks and Outdoor Pursuits

- Tramway Park
- McKay playground
- Lover's Point
- Hydro Townsite playground
- Hydro Picnic Sites - two picnic sites
- Wayside Provincial Park
- Lakes, boat launches and docks

Recreation Programs

A number of recreation programs are available to residents in Grand Rapids/Grand Rapids First Nation including school recreation programs, curling, volleyball, basketball, hockey leagues and swimming programs in the summer months. The Band employs a Recreation Director.

Easterville/Chemawawin First Nation

Recreation Facilities

- Indoor and outdoor skating rink
- Community hall
- Band hall
- School gymnasium

Parks and Outdoor Pursuits

- Soccer field
- Baseball field
- School playground
- Lakes and docking facilities
- Parks and picnic areas - no officially designated parks in the community although the community has many green spaces

Recreation Programs

Easterville/Chemawawin does not have any organized recreation programs in the community. The Native Gaming Commission does provide recreation

programs for children in the community. The school offers school sports. There is hockey and public skating available at the local skating rink.

The Pas/OCN & Surrounding Area

Recreation Facilities

- 25 meter, 6 lane indoor pool with sauna - Winton Pool
- 2 indoor artificial ice surfaces - Roy H Johnston Arena (The Pas) & Gordon Lathlin Memorial Centre (OCN)
- 6 sheets of curling ice - The Pas Curling Club
- 400 meter gravel running track, including discus, shotput and long jump facilities
- 5 outdoor tennis courts
- 2 outdoor basketball courts
- 7 softball diamonds
- 3 soccer pitches
- 9 hole "grass greens" golf course - Halcrow Lake Golf and Country Club
- 1 half-mile horse race track
- 10 lane, 5 pin bowling alley
- 6 indoor school gymnasiums
- 2 weight rooms
- ¼ mile oval stock car track

Parks and Other Outdoor Pursuits

- Devon East and West Park
- Sunset Park
- Kinsmen Campground
- Downtown Park
- 7 children's playgrounds
- 12 km cross-country ski trails with 2 km lighted trail within the town and additional trails at Clearwater Provincial Park
- Many snowmobile trails
- Clearwater Provincial Park and campground
- Numerous lakes and outdoor areas suitable for outdoor adventure including canoeing, pleasure boating, fishing, hiking, and hunting

Recreation Programs

The Town of The Pas employs a full-time Recreation Director who oversees the operation of recreation program and facilities under the jurisdiction of the Town of The Pas. Opaskwayak Cree Nation employs a Recreation Director and other staff to operate facilities and programs for OCN. Residents of the

RM of Kelsey and unorganized areas access recreation services and facilities in the Town of The Pas. Residents of the area have access to over fifty sport and recreational clubs.

Moose Lake/Mosakahiken Cree Nation

Recreation Facilities

- Outdoor skating rink
- Community hall
- School gymnasium

Parks and Outdoor Pursuits

- Soccer field
- Baseball diamonds
- School yard
- Playground
- Moose Lake - used for swimming in the summer
- Lakes and docking facilities

Recreation Programs

There is no Recreation Director or structured recreation program available in Moose Lake.

Cormorant

Recreation Facilities

- Skating rink - olympic size with natural ice
- Curling rink - two sheets of natural ice available
- Community hall - complete with a kitchen facility
- School gym facilities

Parks and Green Spaces

- Cormorant Lake campground
- Community park
- Cross country ski trails/hiking trails
- Snowmobile trails
- 3 equipped children's playgrounds
- Lakes, boat launches, and docks

Recreation Programs

Cormorant has a Recreation Director who is employed full-time through the Community Council office. The Recreation Director is responsible for providing a wide variety of recreation programs for residents in the community. Cormorant Lake School also offers a number of intramural programs for its students.

Snow Lake

Recreation Facilities

- Curling club - five sheets of artificial ice
- Rifle club
- Skating arena - regulation size artificial ice
- Outdoor skating rinks - three outdoor rinks
- Senior's center
- Community hall
- School gymnasium

Parks and Outdoor Pursuits

- Sunset Bay Beach - a large sand beach, complete with a central dock, park area, change house, children's water umbrella, fenced double tennis court, paved basketball court, playground equipment, and a sand volleyball court
- Sunset Bay Park - fenced park with 2 baseball diamonds, soccer field, open field area and playground equipment
- Cross country ski trails - 30 kilometers of ski trails around a central ski chalet
- Snowmobile trails
- 3 tot lots
- Barbecue park
- 9 hole golf course
- Central green area - town is connected by green spaces with footpaths and skidoo trails
- Lakes, boat launches, and docks

Recreation Programs

Snow Lake will have a Recreation Director effective January 1998. A wide variety of recreation, leisure, and arts programs are available to residents. Most programs are run by volunteers.

Cranberry Portage

Recreation Facilities

- Cranberry Portage Recreation Center
- Curling rink - 4 sheets of natural ice
- Skating arena - a natural ice surface that is larger than regulation size
- Lion's/Legion Hall
- 2 school gymnasium facilities

Parks and Outdoor Pursuits

- Cranberry Portage Municipal Park - located at the west end of the downtown district - is approximately 10 acres of municipal park land. The park includes washrooms, change houses, camp sites, picnic area, beach, fish cleaning shack, dock, mini-putt, volleyball court, 6 hole pitch and putt golf course, and ball diamond with bleachers.
- Crown Land - several titled land areas left in its natural state
- Cross country ski trails/ hiking trails
- Snowmobile trails
- 2 children's playgrounds
- Lakes, boat launches, and docks

Recreation Programs

Cranberry does not have a Recreation Director. All programs are offered by volunteers in the community. Programs available include: aerobics, arts council activities, brownies, cubs, curling, figure skating, and swimming lessons in the summer. Both Cranberry Portage Elementary and Frontier Collegiate offer a number of extra-curricular activities for the youth in the community. Frontier Collegiate also has a hockey team. Simon House Bible Camp is run through the Grace Mennonite Church in Cranberry Portage.

Sherridon/ Cold Lake

Recreation Facilities

- Outdoor rink
- School gymnasium - open for evening use
- Community hall
- Ball diamond

Parks and Outdoor Pursuits

- 2 parks - located by the lake
- 2 picnic areas
- 2 children's play areas
- Kissinging Lake is the main lake that people access for fishing, pleasure boating, and canoeing

Recreation Programs

Sherridon had a Recreation Director employed in a part-time, grant funded position from October 1997 to March 1998. This position has introduced a number of crafts, sports events, and bingo's for community residents.

Flin Flon

Recreation Facilities

- Indoor swimming pool - Aqua Center
- Curling rinks
- Indoor skating rink
- 7 outdoor skating rinks
- School gymnasium facilities
- Ball parks
- Community hall
- Outdoor wading pools
- Flin Flon ski club
- Trap shooting range
- Bowling lanes
- 9 hole golf course

Parks and Outdoor Pursuits

- Snowmobile trails
- Cross country ski trails
- Children's playgrounds
- Boardwalk
- Beaches
- Wildlife sanctuary

Recreation Programs

The City of Flin Flon employs a Recreation Director and program staff to oversee the operation of recreation facilities and programs for the City of Flin Flon. Flin Flon has a whole host of recreation, sports, cultural, and art programs available for residents.

2.10 Community & Tourism Resources

The NOR-MAN region prides itself on being a tourist paradise. There are opportunities to experience northern culture through the many festivals the region has to offer, or to participate in outdoor sports such as fishing, hunting, and canoeing. There are three major festivals in The Pas including the Northern Manitoba Trapper's Festival, The Pas Agriculture Society Fair and Exhibition, and Opaskwayak Indian Days. Flin Flon plays host to the Flin Flon Trout Festival. Other communities also have various winter and summer festivals to celebrate their community and northern culture. The region is renowned for its beautiful lakes and the abundance of wild life and natural habitat. The area also has world class canoe routes, including the Grassy River System.

This sub-section of the report will provide an overview of the following community and tourism resources the region has to offer under each of the following headings: (1) tourism information and resources; (2) hotels and lodging; (3) restaurants; (4) libraries; and (5) museums.

Tourism Information and Resources

Most communities in the region have tourism information available. The Pas and communities in the southern part of the region are part of Cedar Lake Community Futures while Flin Flon and the communities in the northern part of the region are affiliated with Greenstone Development Corporation. Both organizations provide assistance for tourism, community and economic development initiatives.

Hotels and Lodgings

Most communities in the region have hotels and lodging for individuals who are visiting the community. The exception is Easterville/Chemawawin and Moose Lake/Mosakahiken, neither of which has accommodation available for visitors. A number of Provincial Parks and campgrounds are situated in the region including Clearwater, Baker's Narrows and Grass River/Wekusko

Falls Provincial Parks. There are also a number of community and wayside campgrounds scattered throughout the region.

Restaurants

Restaurants are plentiful in the region with most communities having an assortment of dining options to choose from. There are no dining facilities in Moose Lake/Mosakahiken, Cormorant, and Sherridon/Cold Lake.

Library Services

All communities have a library based in the local school. There is also a Public Library in both The Pas and Flin Flon.

Museums

The Pas, Flin Flon, and Snow Lake all have museums that are open to the public.

2.11 Environmental Issues

The final section of this chapter deals with environmental areas of concern in the NOR-MAN region. The information that is summarized in this section has been obtained from a variety of different sources including MB Environment, Cree Nation Tribal Health and local community concerns. This section has been divided into 4 main areas: (1) recycling programs; (2) air quality; (3) water quality; and (4) pollution concerns in communities.

Recycling Programs

Recycling in the NOR-MAN region is very limited. This is due in part to the difficulty many communities have in starting up a program, finding a facility for recycling and finding markets for the various projects.

The only community with a recycling center is Flin Flon. The Flin Flon Community Recycling Program is operated by a paid staff person and a number of volunteers through the Flin Flon and District Environment Council, which was established as a non-profit organization in 1993. Materials can be dropped off at any time at the center. A variety of paper products, glass, aluminum and plastic items are accepted. The Flin Flon Lion's Club conducts a battery-recycling program. In addition, household hazardous waste collection is provided once a year.

The Pas has made numerous attempts to get a recycling program operational through their Environment Committee under the auspices of Healthy The Pas and Area. As of January 1998, attempts are still being made to secure a recycling facility. All other infrastructure is in place to support a recycling program. The Environment Committee of Healthy The Pas and Area has developed a municipal compost at the landfill site and has worked with the schools to undertake vermi composting. The Pas Lion's Club operates a battery-recycling program and household hazardous waste days are held once a year.

In Cranberry Portage, a recycling bin is located at the arena for drop-off of materials at any time of the day. Recyclable items can also be taken to the Flin Flon recycling center. Both schools in town are 'environmentally friendly' with a compost and recycling program for cans, bottles and paper in place. Separate areas have been designated at the Waste Disposal Ground for wood waste, metal, tires, and shrubs. There is also a yearly pick-up of old, used batteries.

The remaining communities in the region have limited recycling programs available. In Grand Rapids, Manitoba Hydro internally recycles aluminum cans and paper, Grand Rapids School and the RCMP both recycle paper and the Co-op collects plastic bags. Bulk metal waste is also separated at the landfill site from the solid waste stream for future recycling purposes. Recycling in Easterville/Chemawawin, Moose Lake/Mosakahiken, Cormorant, Snow Lake, and Sherridon/Cold Lake is limited to the bulk metal waste and used tires which are separated at the waste disposal ground for future recycling.

Air Quality

According to Manitoba Environment, air quality, for the most part, is good throughout the region. Manitoba Environment staff and Cree Nation Tribal Health Centre's Environmental Health Officer report that there is no industry related air quality concerns in the following communities: Grand Rapids/Grand Rapids First Nation; Easterville/Chemawawin First Nation; Moose Lake/Mosakahiken Cree Nation; Cormorant and Cranberry Portage. One air quality concern that seems to be mentioned in all communities throughout the region is the burning of materials at the waste disposal grounds.

There are specific air quality issues that have been identified in the following communities. In Grand Rapids/Grand Rapids First Nation, there has been some concern expressed regarding the tail race from the dam where there is open water year round. The vapor off the water in the winter months causes ice fog and frosting problems regularly in Grand Rapids First Nations. There

has been property damage as a result and some concern about the potential risk it may pose to residents' health.

Manitoba Environment reports that air quality in The Pas is generally fine. There have been occasional complaints regarding the release of mercaptans from Tolko Paper Mill especially during temperature inversions. If problems were to develop, the Environment Act License issued to Tolko Manitoba Inc. has provisions to address these concerns.

The Moose Lake sewage lagoon emits odors for a two-week period each spring, but Manitoba Environment officials have never received complaints from residents in this regard.

Air quality in Snow Lake is generally good. There was an incident in January of 1996 where Manitoba Environment received complaints from residents concerning an incident of heavy particulate emissions from New Britannia Mine's milling operation. The cause was quickly identified and rectified by the company. There are provisions in New Britannia Mine's Environment Act License which allow them to deal with complaints of this nature. An investigation consisting of the collection and analyses of snow, soil and vegetation samples was carried out by Manitoba Environment. A draft report of the findings has been completed.

Air quality in Flin Flon is a concern and Manitoba Health, Manitoba Environment, Saskatchewan Environment, City of Flin Flon, and Hudson Bay Mining and Smelting (HBMS) Company are all working toward improving air quality. An ambient air quality-monitoring program continues to be operated in the area both by the Province and HBMS to measure levels of sulphur dioxide and particulate matter in the air. A community information system continues to warn residents when elevated levels of sulphur dioxide are in the outdoor air. A new mechanism for overseeing environmental (including air) issues related to HBMS has been developed and implemented through the establishment of a senior level liaison committee in 1996. This compliments the regulatory obligations of the company. Quarterly reports on Flin Flon air quality are distributed by Manitoba Environment and annual public meetings are held through Healthy Flin Flon.

According to Manitoba Environment, air quality can vary greatly from month to month. However, elevated sulphur dioxide levels continue to be recorded in the uptown area of Flin Flon. These high readings seem to be caused by spill gases from the copper converter operations. Measures to control spill gas releases have been implemented by HBMS with varying success. HBMS has announced a goal of reducing spill gas incidents by 90% by the year 2000.

Water Quality

In Manitoba, water quality is assessed by measuring up to 70 variables, including various types of bacteria, chemical elements, and organic compounds. Chemical analysis and bacteriological reports are completed on a routine basis at the various water treatment plants and are measured against the *Guidelines for Canadian Drinking Water Quality (GCDWQ)*. Although, Manitoba Environment reports that for the most part, water quality for the region is consistently within the guidelines of the GCDWQ, there is some public concern regarding water quality and areas where specific concerns have been identified. The following section provides information by community regarding the status of the quality of drinking water.

Grand Rapids/Grand Rapids First Nation

The Town of Grand Rapids receives its drinking water from a number of different sources and, as such, water quality varies. The community well providing water to the trailer court and RCMP station is untreated. Community wells are disinfected annually and monitored for bacteria levels on a monthly basis. A full chemical analysis is carried out on the trailer court well water, which Manitoba Environment reports is consistently in compliance with current drinking water standards, with the exception of turbidity levels. There has been some concern expressed in the community regarding pollution of the Saskatchewan River and the fact that chemicals, sewage and bacteria have all been identified in the river water and the immediate area of Lake Winnipeg. This is of significant concern as many residents depend on this untreated well water as their drinking water source.

The Manitoba Hydro town site water treatment plant consistently complies with the *Guidelines for Canadian Drinking Water Quality* as does the Grand Rapids School water treatment plant. Cree Nation Tribal Health's Environmental Health Officer is responsible for monitoring Grand Rapids First Nation's drinking water. There have been no concerns expressed regarding Grand Rapids First Nation's drinking water.

Easterville/Chemawawin First Nation

The treated water supply from pumphouse # 1 is consistently in compliance with the *Guidelines for Canadian Drinking Water Quality (GCDWQ)*. The water from pumphouse # 2 frequently contains iron, turbidity, hardness, and manganese levels, which are in excess of the GCDWQ recommended levels. These parameters are of an aesthetic concern only. Subsequent to the discovery of gasoline soil contamination in Easterville in the mid 1980's, the lower aquifer which supplies water to the pumphouse is tested regularly for

gasoline contamination. Manitoba Environment reports that no traces of contamination have been found.

Due to the recent commissioning of the Chemawawin Water Treatment Plant, no data on water quality is presently available. Chemical water quality analysis will be done yearly to ensure compliance with the GCDWQ. Chemawawin was devastated by petroleum hydro carbon contamination of the upper aquifer in 1988/89, which has lead to major infrastructure upgrading to ensure good potable water.

The Pas and Area

Annual chemical analysis and bi-weekly bacteriological tests are conducted. Herbicide and pesticide tests on the raw water are also carried out periodically. As a result of increasing incidence of Giardiasis and Cryptosporidium outbreaks across Canada and the USA, it was recommended in 1996 that the Town of The Pas hire a consultant to do a complete review of their treatment processes and physical plant. This report has been completed along with recommendations, which are presently being prioritized. The report also presents several options regarding a possible change in the raw water supply. Although the water supply consistently meets the standard levels as set out by the *Guidelines for Canadian Drinking Water Quality*, public concerns over the aesthetic quality of the drinking water in The Pas have been increasing.

A water quality study was completed on Clearwater Lake and published by Manitoba Environment. The study indicated that Clearwater Lake water remains good and has not shown signs of deterioration despite heavy development in the area over the past 25 years.

Opaskwayak Cree Nation's water supply consistently meets the *Guidelines for Canadian Drinking Water Quality*. The water tends to be hard. There is concern in the community regarding the current demand being placed on the water treatment plant. The plant is at peak consumption at the present time, and with population increases being experienced, this poses some concern for the capability of the plant to support the community.

Moose Lake/Mosakahiken Cree Nation

Annual chemical audits of the Moose Lake water treatment plant consistently meet the *Guidelines for Canadian Drinking Water Quality*. Manitoba Environment reports that concern has been expressed in the past regarding the possible negative affect of lagoon discharges on Moose Lake. A study by Manitoba Environment indicated that there was no detrimental effect on water quality in the area.

Cormorant

Manitoba Environment reports that there are no concerns regarding the quality of Cormorant's drinking water, and that it consistently meets the *Guidelines for Canadian Drinking Water Quality*. Community concerns have been expressed in the past about sewage discharges and the possible negative effect of these discharges on Little Cormorant Lake. Two studies have been completed by Manitoba Environment, which indicate that there has been no detrimental effect on water quality to date. There has also been some "start-up" problems with the quality of effluent being discharged by the waste water disposal system. Manitoba Environment is continuing to closely monitor weekly bacteriological reports to ensure compliance with the License issued to Northern Affairs.

Snow Lake

The bacteriological quality of the treated water in this community consistently complies with the *Guidelines for Canadian Drinking Water Quality*. Chemical parameters, including arsenic, are also in compliance. Turbidity, colour and trihalomethane levels have all been found to exceed the Guidelines' maximum allowable concentration. While these levels do not pose a direct health threat to the community, Manitoba Environment has requested that they be addressed during the next facility upgrade. The community also reports that many residents complain about the taste and quality of water, even though the Town of Snow Lake reports that the water is safe to drink.

Cranberry Portage

Manitoba Environment reports that there are no concerns regarding the quality of Cranberry Portage's drinking water. Annual chemical audits of the Cranberry Portage Water Treatment Plant have consistently met or exceeded the *Guidelines for Canadian Drinking Water Quality*.

Sherridon/ Cold Lake

The annual chemical water audits of the Sherridon water treatment plant have consistently met or exceeded the *Guidelines for Canadian Drinking Water Quality*. Residents from Cold Lake, on the other hand, have made complaints to Manitoba Environment regarding the drinking water, specifically regarding the taste and appearance of the water. Annual chemical audits reveal that iron, manganese, and turbidity levels periodically exceed the acceptable levels indicated in the *Guidelines for Canadian Drinking Water*. These levels have made the drinking water aesthetically displeasing. Currently, most residents of Cold Lake drive to Sherridon to collect their drinking water.

In response to the complaints and decreasing aesthetic quality of the drinking water, a new water treatment plant in Cold Lake was scheduled for construction starting in November 1997. There is also concern in the community of Cold Lake that their drinking water is being contaminated by mine tailings that have been leaking into the lake. These tailings were left by Sherritt Gordon Mine, as described below, when they moved to Lynn Lake.

Flin Flon

The bacteriological quality of the treated water in Flin Flon consistently complies with the *Guidelines for Canadian Drinking Water Quality*. Over the past several years, complaints have been made concerning water quality largely due to organic matter in the water entering and accumulating in the distribution lines. Manitoba Environment had recommended that a flushing program should be carried out by the City of Flin Flon. This was done in the summer of 1997. Due to the increased outbreaks of Giardiasis and Cryptosporidium throughout Canada and the USA, it has been recommended by Manitoba Environment that the City of Flin Flon investigate the possibility of upgrading the water system and providing a filtration system.

Pollution Concerns in Communities

Pollution is described as "the release of substances or energy into the environment, which results in unhealthy effects". Pollution can harm people and other living creatures, and restrict our activities. Pollution can also impair the quality of our environment. This section will describe local concerns regarding pollution, and discuss the special pollution issues that pertain to the mining and forestry industries.

Grand Rapids/Grand Rapids First Nation

The pollution in the Saskatchewan River has been a concern to residents in Grand Rapids/Grand Rapids First Nation. Some of the pollutants that have been identified include oil from the generating station, as well as chemicals from upstream industry and farmers' fields. Oil and fuel spills contaminating the ground in various mining, logging, exploration, and construction sites in the vicinity have occurred in the past. Tankers carrying oil and fuel have overturned in the area, contaminating ditches, run-off areas, and ground water. Issues identified at the landfill site include concerns that the ground water near the landfill site is being contaminated and that debris is being blown into the surrounding bush area. Manitoba Environment officials report that their department has responded to several complaints regarding failing septic fields and illegal discharge of sewage for private homes. The escape of

raw sewage into the environment is a concern since most residents rely on untreated private wells as their drinking water. There is currently a restriction on new septic field installations on lots along the Saskatchewan River bank.

Easterville/Chemawawin First Nation

Residents in Easterville/Chemawawin have identified a number of environmental issues that they feel affects the health of their community. The level of dust in the community and the impact it has on individuals' health has been listed as a concern. Some individuals within the community have also expressed concern regarding the lack of non-smoking policies in public places.

There have been complaints in the community regarding the poor water quality at the community's local swimming area. There have been several issues identified by Environment officials at the landfill site. Excessive delays in the compacting and covering of solid waste results in heavy littering of the site and windblown waste. Unauthorized burning is a recurring problem at the site. There have been instances of overloading sludge pits with sludge from the Band's sewage treatment plant, resulting in the escape of supernatant into the environment. This problem is currently being addressed.

The Pas, OCN and Surrounding Areas

In The Pas, OCN, and the surrounding areas, public concern regarding water quality and the lack of opportunity for recycling have been identified. There has also been increasing complaints regarding the water quality of Grace Lake, the receiving stream for treated effluent from The Pas' lagoon. As a result, a water quality study was completed in 1991. This study found that discharges of nutrients from the Town of The Pas sewage lagoon stimulated excessive algae blooms and caused the proliferation of aquatic weeds in Grace Lake. Phosphorous was found to be the key element and prime cause of poor water quality in Grace Lake. As a result of the study and its recommendations, an upgrading program for the sewage lagoon is scheduled for completion in 1998.

The population of Opaskwayak Cree Nation continues to increase, and as such, so does the demand on the water and sewage system. At present, the water treatment plant is operating at peak capacity and this could present a problem in the future. Other areas that were identified by environmental officials include the need for a sludge disposal site for OCN and issues relating to lack of sewer and water hook-ups to Bracken Dam and Reserve

21A. OCN has also developed a land farm just north of the community, with the purpose of farming contaminated soil and bringing it back to acceptable levels.

Moose Lake/Mosakahiken Cree Nation

Concern has been expressed in the past over the possible negative effects of lagoon discharges on Moose Lake. A study by Manitoba Environment indicated that there was no detrimental effect on water quality in the area. Manitoba Environment officials have reported that there has been compliance problems experienced at the Waste Disposal Site including garbage not being properly separated, burning of domestic garbage and windblown garbage littering the area. Some homes in the Mosakahiken main Reserve, Traders Lake, and Crossing Bay are not hooked up to water and sewer. In the past years, the community has experienced some sewage hauling problems resulting in spilled sewage on the ground around homes in both Traders Lake and Crossing Bay.

Cormorant

The community has expressed concern over the possible negative effect of effluent discharges into Little Cormorant Lake. Manitoba Environment has completed two studies, which have indicated that there was no detrimental affect on water quality. Manitoba Environment reports that there has been some "start-up problems with the quality of effluent being discharged by the Waste Water Treatment System". This is being closely monitored by Manitoba Environment.

Snow Lake

In the Snow Lake area, all industry is monitored for pollution with special attention paid to water pollution and the leaching of contaminants into the lake systems. Town Council follows strict guidelines on pollution from all sources including the Town's own sewer system. Water consumption in Snow Lake is high, averaging about 300 gallons per person per day. Manitoba Environment has made recommendations to the Town on ways to reduce water consumption in the community. In recent years, there has also been concerns identified regarding the efficiency of the Waste Water Treatment Plant which is largely a result of high water consumption in the community. In 1996, Manitoba Environment placed a two-year moratorium on large cottage lot developments in the area. Beginning in late 1996, the Town began to implement measures to improve the Treatment Plant's performance.

Cranberry Portage

Cranberry Portage residents have expressed concerns regarding the pollution emitted from the Hudson Bay Mining and Smelting Company in Flin Flon. Many people from Cranberry Portage work, attend school, shop, and visit Flin Flon on a regular basis and are susceptible to its effect. Other pollution concerns expressed include the amount of litter and burning at the landfill site and the effect outdoor wood burning furnaces and low chimneys have on individuals with breathing problems.

Sherridon/Cold Lake

The quality of the drinking water in Cold Lake and environmental issues regarding Camp Lake (see next section) are the only identified pollution concerns in the community at the present time.

Flin Flon

There are a number of pollution concerns that have been identified in the Flin Flon area. One is the impact the Flin Flon sewage system is having on the degradation of water quality in Ross Creek and the Northwest arm of Schist Lake. Placard warnings are posted to warn residents of the dangers to public health, and a sewage plant upgrade is proceeding pending funding arrangements. The Channing Subdivision is another area of environmental concern in Flin Flon as residents use private sewage disposal systems and not all systems are functioning properly. The quality of drinking water and the elevated sulphur dioxide found in the outside air has already been described in detail.

Mining Issues in the NOR-MAN Region

All mines operating in the NOR-MAN region operate under the terms, conditions, and discharge limits of an Environment Act License. As part of normal operations, mine operators conduct weekly to monthly sampling of their mine effluent discharges. The data collected is submitted monthly to Manitoba Environment as part of their overall license compliance. Manitoba Environment also conducts annual sampling of the "final discharge" for each mine. Other significant requirements of the Environment Act Licenses are the requirements for mine operators to generate a formal post closure decommissioning plan and annual submissions of a recycling progress report.

Mines currently operating in the NOR-MAN region include the Flin Flon, Trout Lake, Photo Lake, and New Britannia mines. Several completed mines

are currently in various stages of decommissioning. These mines include the Namew Lake, Osborne, Rod, Chisel Lake, and the Chisel Lake Open Pit mines.

According to Manitoba Environment, mining's most significant environment and public health issues are as follows:

Mines established prior to the Environment Act (or its predecessor the Clean Environment Act)

The Sherridon Mine operated from 1931 to 1956 as a copper and zinc producer. According to Manitoba Environment officials, the mine waste or the tailings were not as well managed during the life of the mine as they are at present day mines. As a result, the tailings are producing Acid Mine Drainage (AMD) which is acidic and has a high "heavy metal" content. The AMD has permanently affected Camp Lake and is now impacting Kississing Lake, which is a source of drinking water for Cold Lake and has a strong sport fishery. A partnership involving the Manitoba Departments of Energy and Mines, Northern Affairs and Environment has been established. These partners are currently attempting to apply a new strategy to control surface drainage on and off the site.

Mines established by a company that is now defunct

A gold "residue" pile with a significant arsenopyrite content is located adjacent to the New Britannia Mine within the Snow Lake drainage basin. The "residue" pile was previously owned by a now defunct company. Manitoba Environment is currently sampling the Town of Snow Lake's water supply on a quarterly basis to monitor any potential impacts of arsenic on the Town's water supply. All water samples collected by Manitoba Environment have been below the drinking water guidelines for arsenic. Although not legally required, The New Britannia Mine is currently reviewing potential alternatives to control off-site drainage from the "residue" pile.

Mines in "mothball" status

A mine that is open but is not operating is termed "mothballed." Two mines with Environment Act Licenses are presently in mothball status: the Tartan Lake Mine and the Puffy Lake Mine. The Puffy Lake Mine was 'mothballed' in 1991 and the mine operator chose not to have on-site security at the mine. As a result, considerable vandalism occurred at the site over the years. This vandalism poses a hazard to public safety. Manitoba Environment subsequently required the out of province mine owner to adequately secure the site.

Forestry Issues in the NOR-MAN Region

Forestry in the NOR-MAN region is largely controlled by Tolko Manitoba Inc. Tolko operates in this region with an Environment Act License for the Kraft Mill Operation; a Waste Water Treatment Plant; and a comprehensive Forest Management Plan. The following provides a discussion of several environmental and public health issues relating to the forestry industry.

Effluent Discharges

Effluents from the waste water treatment plant and the Kraft Mill currently meet all licensed discharge limits. The Kraft Mill effluent is monitored on a daily basis and is subjected to monthly acute lethality testing. Rainbow trout in this test have had 100% survival over the past three years of testing.

Waste Disposal Ground

The Kraft Mill operates a private waste disposal ground under an operating permit issued by Manitoba Environment. The waste disposal ground is an engineered landfill with a High Density Polyethylene (HDPE) liner to protect the groundwater aquifer.

Mill Site Bunker 'C' Contamination

Based on previous agreements, the Manitoba government is presently responsible for a Bunker 'C' oil spill in the aquifer under the mill. An extensive drilling program has delineated the extent of the hydrocarbon impacted aquifer. The Manitoba Government contracts consultants every 2 to 3 years to monitor the groundwater conditions under the mill site. The principle concern is the potential impact on downstream groundwater users such as those in Umpherville. To date, no measurable impact from the Bunker 'C' has been observed in Umpherville.

Forestry Operations

Remote forestry camps continue to provide a challenge to Manitoba Environment staff who attempt to monitor legislative compliance. Attempts have been made to monitor compliance at Tolko and at independent contractor camps in the region. On-site inspections are conducted on a limited or complaint basis. Public health or environmental issues including food preparation, sewage disposal, and petroleum storage and handling are most commonly examined. Most forestry camps are highly mobile which makes regular compliance monitoring difficult.

2.12 Summary

The NOR-MAN region covers a vast area of land spanning approximately 72,000 square kilometers. The people and communities that make up the region display considerable diversity in origin, governance structure, economic base, service availability and interconnectedness. This chapter provided a comprehensive description of the environment of Grand Rapids, Grand Rapids First Nation, Easterville, Chemawawin First Nation, The Pas, Opaskwayak Cree Nation, Moose Lake, Mosakahiken First Nation, Cormorant, Snow Lake, Cranberry Portage, Sherridon/Cold Lake and Flin Flon.

The NOR-MAN region can be categorized into three distinct types of communities: (1) First Nations Communities, which include Grand Rapids First Nation, Chemawawin First Nation, Opaskwayak Cree Nation and Mosakahiken First Nation; (2) Northern Affairs communities, which includes Easterville, Moose Lake, Cormorant and Sherridon/Cold Lake; and (3) Cities, Towns and Municipalities, which includes Grand Rapids, The Pas, RM of Kelsey, Snow Lake, Cranberry Portage, and Flin Flon. Pukatawagan/Mathias Colomb First Nation recently transferred to the NOR-MAN region. Due to the fact that a comprehensive needs assessment has not been conducted in this community to date, it was not discussed in the report.

The governance structure is distinct in each community. There are many communities in the region where there is more than one governing authority overseeing the area. The governance structure in NOR-MAN includes Chief and Council for the First Nations communities, and Mayor or Reeve and Council for the remaining communities in the region. Two individuals act as Members of Legislative Assembly in different parts of the region. The region also has an elected Member of Parliament and a Grand Chief, the latter of whom is responsible for the Swampy Cree Tribal Council.

With respect to community infrastructure in the region, each of the local governing authorities has a municipal office and staff who are responsible for overseeing its operation. In communities where there is more than one local governing authority, there appears to be infrastructure available in both communities or an agreement in place to share a particular service such as a landfill site or a water treatment plant.

The level of infrastructure varies from community to community. Water treatment systems that exist in communities include a mixture of community wells, dugouts, water holding tanks and water treatment plants. All communities have some form of municipal wastewater treatment system in place. In many communities, not all the homes are hooked up to a forced

main system. There are still many homes that utilize private holding tanks or pit privies and require sewage to be truck-hauled to the municipal system. All communities have a waste disposal site, either Class I, II or III, which is located in close vicinity to the community. Some communities have regular garbage pick-up while others are required to deposit their garbage at the landfill site. All communities are responsible for their own snow removal.

The Department of Highways is responsible for removal of snow from highways and major access roads. Maintenance and quality of roads appears to be a large concern for many of the First Nations and Northern Affairs communities. The majority of roads within these communities, including the access roads which link the communities to the public highways, are gravel and are in very poor condition. Dust, potholes, washboard and dangerous road conditions have all been identified as areas of concern.

Opportunities for industry, trade and commerce exist in each community. The NOR-MAN region is diverse in its economic activity and cannot be described as a single, cohesive economic unit. The major areas of employment in the region include commercial fishing, trapping, forestry, logging, hydro and mining. Tourism, small business enterprises and the local, provincial and federal government authorities also employ many individuals throughout the region. There is a high level of unemployment in many of the First Nations and Northern Affairs communities. This is a health concern in the region as the level of unemployment and poverty can be closely linked to health status.

There are a finite number of energy sources that are utilized in the NOR-MAN region. All communities access landline electrical power which is generated from self-renewing water power and supplied by Manitoba Hydro. Other energy sources used include bulk propane and fuel oil.

Transportation services, including air, bus, rail, motor carrier, taxi and rental services vary widely in the region. The larger urban communities of the region enjoy the benefits of all weather roads; scheduled air, bus and rail services; while many of the smaller communities have poor road conditions and limited or no transportation services.

Communication systems are an important part of a community's ability to link with the outside world. They are especially important in Northern communities. Canada Post provides postal service in every community. Manitoba Telephone System provides telecommunication and Internet services in every community. Cellular phone service is presently only available to residents of The Pas, Opaskwayak Cree Nation and Flin Flon. It is worthy to note that there are many homes in First Nations and Northern Affairs communities that do not have a telephone. In Sherridon/Cold Lake

for instance, over half of the community does not have a telephone. Most communities publish a local newspaper, with the exception of Easterville, Moose Lake and Sherridon/Cold Lake. All communities have access to at least one radio and television station.

There is a range of recreation, parks and leisure services available in communities throughout the NOR-MAN region. Some communities have recreation staff who coordinate the recreation services for the community, while others rely on community volunteers to run the programs. Most communities have a basic infrastructure of recreation facilities and green spaces in the community in which to offer recreation and leisure programs. The only communities who have the benefit of an indoor swimming pool are Flin Flon and The Pas. The remaining communities depend on neighboring lakes for swimming.

The region has tremendous tourism potential with its many well-stocked lakes, excellent canoe routes and scenic landscapes. The area boasts world-class festivals, which provide an opportunity to experience northern culture and traditions. All communities have tourism information and library services. Most communities, with the exception of Moose Lake and Easterville, have lodging facilities available for visitors. There are many provincial, community and wayside parks interspersed throughout the region. The Pas, Flin Flon and Snow Lake all have museums.

The NOR-MAN region is affected by environmental issues. Recycling in the NOR-MAN region is very limited. This is due in part to the difficulty many communities have in starting up a program, finding a facility, and securing markets for the recycled products. Flin Flon is the only community, at present, with a recycling center. According to Manitoba Environment, air quality, on the most part, is good throughout the region with the exception of Flin Flon. An ambient air quality-monitoring program operates in the Flin Flon area to measure levels of sulfur dioxide and particular matter in the air. A community information system is also in place to warn residents of elevated sulfur dioxide. One concern that was mentioned in all communities is the issue regarding unsupervised burning at the waste disposal grounds and the effect it has on air quality. Water quality is measured on a regular basis in all communities using the *Guidelines for Canadian Drinking Water Quality*. Although, it is reported by Manitoba Environment that on the most part drinking water in the region is consistently within the guidelines, there have been concerns raised by the public regarding water quality. Other pollution concerns pertain to oil and fuel spill contamination, failing septic fields, illegal discharge of sewage, dust levels, the lack of no-smoking policies in public places, littering, landfill site management, river and lake pollution and environmental concerns related to mining and forestry.

CHAPTER 3

THE PEOPLE OF OUR REGION

3.1 Introduction

This chapter provides the population breakdown for the NOR-MAN region, and describes the characteristics of the people that live within its boundaries. In developing this profile, the research team faced a number of challenges that pertained to the way in which the statistical information was gathered, organized and analyzed. Some of the factors to consider when reviewing the information in this chapter are highlighted below:

Random Rounding

All counts in Census tabulations are subjected to a process called random rounding. Random rounding transforms all raw counts to rounded counts, which have a base of 10. For example, raw data of 14 would be rounded down to 10. Raw data of 16 would be rounded up to 20. This is why some of the statistics in this report don't appear to add up correctly.

Suppression

To maintain confidentiality, Census Canada has "suppressed" the publication of information gathered in areas that have few people living in them. This means that this information is simply not available for public distribution. Two geographic areas of the Opaskwayak Cree Nation have been suppressed. The Census data that is presented in this report describes only 3 of 5 areas that comprise Opaskwayak Cree Nation. It should be noted that this practice is not followed by Manitoba Health or Indian and Northern Affairs, so the information provided by these sources represents all of the individuals in the region who are included in their data sets.

Time Frames

Different time frames used by organizations such as Statistics Canada and Manitoba Health limited our ability to draw conclusions about the people in the NOR-MAN region. When this report was written, the 1996 census data had not yet been disseminated, although some 1996 data was accessed through Greenstone Community Futures Development Corporation in Flin Flon. The Aboriginal Peoples Survey is based on 1991 information. Conversely, Manitoba Health figures were available for 1997. The aim of this chapter was to summarize the most recent available data from all sources.

Aboriginal Peoples Survey

The Aboriginal Peoples Survey (APS) information was gathered by Statistics Canada. The APS sample was selected from the 1991 Census. It consists of respondents who had indicated at least one Aboriginal origin and/or were registered under the Indian Act on their Census questionnaire. Unfortunately, APS data was not available for all communities in the NOR-MAN region, even those that have a high percentage of Aboriginal residents.

Tax Filer Data

Some of the information included in this chapter is taken from tax records. "Tax filer data" includes information from all people who file an income tax return. There is no tax filer data available for Sherridon. The data has been suppressed because of the low population.

Manitoba Health Statistics

Manitoba Health statistics that are presented in this chapter generally reflect where people are living on a particular day in a given year. Manitoba Health Registration Certificate data is accessed by Manitoba Health to gather information on place of residence. It should be noted that Manitoba Health data maintained on the NOR-MAN region does not yet include the community of Pukatawagan/Mathias Columb First Nation.

In some communities, the information provided by Manitoba Health was not consistent with the information provided by other sources, such as Statistics Canada and Indian and Northern Affairs. An explanation for this discrepancy in the First Nations communities appears to be linked to how each party counts people who are "living on reserve". In communities such as Grand Rapids First Nation, where a significant number of members live off reserve for short or long periods of time, a different interpretation of who should be counted can lead to some very different conclusions about the size of the population. In instances where the discrepancies were considerable, the research team opted to present all of the relevant data sets, without determining which information was most "valid".

Gaps in Information

Information was not always available on all of the communities in our region. In some cases, the organizations that were relied upon to provide the statistics did not distinguish between different communities, or only presented information on selected communities in their reports. In other cases, the level of analysis was the region as a whole, which made it difficult to describe local communities. Where possible, information from separate sources is included to facilitate a community by community analysis of the issues.

3.2 The NOR-MAN Population

According to Manitoba Health, there were 24,473 people living in the NOR-MAN region as of June 1, 1997, excluding the community of Pukatawagan/Mathias Colomb First Nation. Table 3.1 provides a breakdown of where these individuals lived, based on information obtained from the 1996 and 1997 Manitoba Health population reports.

As the data in Table 3.1 indicates, the 0-14 year age category is the largest overall age category when the NOR-MAN region as a whole is considered. Approximately 27% of our population is concentrated in this category, compared to 22% of the Manitoba population. The 30-44 year age category is the second largest, with 24% of our population falling in that age grouping. This figure is consistent with the proportion of Manitobans who fall into this category.

A somewhat different picture emerges when the population counts for individual communities are considered. First Nations communities are comprised of a significantly higher percentage of young children, aged 0-14 years, than are non-First Nations communities. The percentage of young children in First Nations communities ranged from 33-44%, compared to 19-34% in non-First Nations communities.

The number of seniors, 65 years of age and older, residing in the NOR-MAN region (8%) was consistently lower than the Manitoba average (14%). The percentage of seniors residing in First Nations communities is considerably lower than that of non-First Nations communities. Flin Flon has the largest proportion of seniors residing in their community, when compared to other communities in the NOR-MAN region.

Table 3.1
Community Population June 1, 1997¹

Community	0-14 # (%)	15-29 # (%)	30-44 # (%)	45-64 # (%)	65+ # (%)	Total #
Grand Rapids	268 (36)	163 (22)	173 (23)	102 (14)	34 (5)	740
Grand Rapids First Nation	154 (41)	86 (23)	92 (24)	30 (8)	14 (4)	376
Chemawawin First Nations	215 (42)	138 (27)	90 (18)	52 (10)	14 (3)	509
Chemawawin First Nation & Easterville ²	302 (44)	181 (26)	126 (18)	63 (9)	18 (3)	690
The Pas	2,220 (28)	1,884 (23)	1,963 (24)	1,445 (18)	527 (7)	8,039
Opaskwayak Cree Nation	496 (33)	452 (30)	301 (20)	202 (13)	49 (3)	1,500
Mosakahiken First Nation	117 (37)	96 (30)	58 (18)	37 (12)	10 (3)	318
Mosakahiken First Nation & Moose Lake	233 (44)	144 (27)	101 (19)	43 (8)	12 (2)	533
Cormorant ²	150 (34)	113 (26)	100 (23)	55 (13)	19 (4)	437
Snow Lake	318 (23)	286 (21)	373 (27)	308 (23)	73 (5)	1,358
Cranberry Portage ²	147 (19)	194 (26)	169 (22)	192 (25)	54 (7)	756
Sherridon ²	33 (28)	23 (19)	34 (29)	22 (18)	7 (6)	119
Flin Flon	1,482 (21)	1,456 (21)	1,888 (27)	1,390 (20)	863 (12)	7,079
NOR-MAN Region ³	6,496 (27)	5,619 (23)	5,961 (24)	4,509 (18)	1,888 (8)	24,473
First Nations Communities Combined	982 (36)	772 (29)	541 (20)	321 (12)	87 (3)	2,703
Manitoba	248,592 (22)	236,356 (21)	272,419 (24)	233,756 (20)	155,208 (14)	1,146,331

Source: Manitoba Health, Health Information Services, June 1: 1997

¹1997 figures were not available for all communities. Information from the June 1, 1996, Manitoba Health Population Summary report was used.

²Manitoba Health, Health Information Services, June 1: 1996

³Manitoba Health, total population figures for 1997 (does not reflect column totals)

Table 3.2 provides population data from Indian and Northern Affairs, which relies on its own records and information provided by First Nations Bands. The discrepancy between the information provided in Tables 3.1 and 3.2 is apparent. The population figures for Grand Rapids First Nation can be used to illustrate this discrepancy. According to Manitoba Health, 376 people were residing in Grand Rapids as of June 1, 1997. The Manitoba Health June 1, 1996 figure for this community was 570. Indian and Northern Affairs indicated that as of December 31, 1996, 461 people were living on reserve and an additional 635 people were living off reserve.

Table 3.2
First Nations Population Profile
December 31, 1996

Community	Population on Reserve	Population off Reserve
Grand Rapids Cree Nation	461	635
Chemawawin First Nation	760	344
Opaskwayak Cree Nation	2,293	1,270
Mosakahiken First Nation	778	188

Source: Indian and Northern Affairs Canada
First Nations Community Profiles: 1997-98

The information contained in Table 3.2 provides useful data regarding the percentage of people living on and off reserve. According to Indian and Northern Affairs, of the four First Nation communities, Grand Rapids has the largest percentage of its members (635 or 58%) living off reserve.

Information from Census Canada can be used to examine trends in population size, and can help us to anticipate needs that may develop as segments of the population grow or reduce in size. Table 3.3 summarizes information gathered from the 1986, 1991 and 1996 Census Population Data.

The information that is presented in Table 3.3 shows a consistent increase in the populations of First Nations communities and a consistent decrease in the populations of non-First Nations communities, with the possible exception of the community of Cormorant. Unfortunately 1986 population statistics were not available for Cormorant and 1996 population statistics were not available for Chemawawin First Nations, Consol (Carrot Valley) LGD, Consol (Wanless) LGD – Division No. 21, Unorganized Territory.

Table 3.3
Population Trends

Community	1986	1991	1996
Grand Rapids	625	506	404
Grand Rapids First Nation	318	374	546
Chemawawin First Nation	441	551	N/A
The Pas	6,283	6,166	5,945
Opaskwayak Cree Nation	1,691	1,632	2,170
Consol (Carrot Valley) LGD	1,940	1,892	N/A
Consol (Wanless) LGD	276	328	N/A
Moose Lake	N/A	375	333
Mosakahiken First Nation	252	420	556
Cormorant	N/A	382	436
Snow Lake	1,837	1,598	1,310
Cranberry Portage	891	817	723
Sherridon	N/A	115	97
Flin Flon	7,243	7,119	6,861
Division No. 21 Unorganized	2,195	1,839	N/A

Source: Statistics Canada Census Population Data: 1996

Statistics Canada Census Profile of Census Divisions & Subdivisions in MB, Part A.

School enrolment figures provide an interesting perspective on the growth of the school aged population. School enrolment figures are presented in Table 3.4. Before discussing the information, it should be noted that not all of the communities in the NOR-MAN region have access to schools that offer kindergarten to grade 12. Four of the remote communities only have kindergarten to grade 8 or 9. Cranberry Portage has a residential school that offers grades 9 to 12. Many of the students from remote communities come to Cranberry Portage to complete their education. This explains why the Cranberry Portage enrolment statistics appear disproportionately high when compared to this community's population figures.

Table 3.4
School Enrolment Statistics

Community	1994 Sept.	1995 June	1995 Sept.	1996 June	1996 Sept.	1997 June
Grand Rapids K-12	292	303	345	305	364	321
Chemawawin FN & Easterville K-9	N/A	261	295	274	319	293
The Pas Schools K-12	1,944	1,756	1,885	1,725	1,933	1,741
Opaskwayak Cree Nation K-12	761	N/A	843	N/A	843	N/A
Moose Lake & Mosakahiken First Nation K-9	276	263	270	264	279	241
Cormorant K-9	112	96	118	125	131	120
Snow Lake K-12	251	263	274	279	293	286
Cranberry Portage K-12	367	281	358	311	396	339
Sherridon K-8	23	27	30	28	40	43
Flin Flon Schools K-12	1,715	1,653	1,697	1,644	1,697	1,623
Total	5,740	4,903	6,017	4,954	6,294	5,007

Source: Frontier School Division / Chemawawin Education Authority / Joseph H. Kerr School / Flin Flon School Division / Kelsey School Division / Joe A. Ross School

With the exception of schools in Flin Flon and The Pas, there has been a consistent increase in school enrolment from September 1994 to September 1996. From a percentage standpoint, these increases are most pronounced in the community of Cormorant.

3.3 Population Characteristics

One of the cornerstones of the RHA's 1998/99 Health Plan was a commitment to deliver services in manner that respects the diversity of the people in the NOR-MAN region, and that meets the unique health care needs of each of the many communities that is situated within its catchment area. In responding to this challenge, different population characteristics need to be

considered. These include gender, racial origin; Aboriginal identity; language; religion; education level; income, employment and economic dependency; and family and household composition.

Gender

According to Manitoba Health, as of June 1, 1997, the NOR-MAN region population was made up of 11,978 females (48.9%) and 12,495 males (51.1%). These percentages were similar to those reported for the preceding year by this source.

Ethnic Origin

According to the 1991 Statistics Canada Census, it was reported that 59% of the residents of the NOR-MAN Region indicated that they were of a single ethnic origin, while 41% indicated that they were of multiple ethnic origins. Of the single ethnic origins listed, 21.8% of the respondents indicated they were Aboriginal, 17% were British, 5% were Ukrainian, 3% were French, 3% were German, 1% were Dutch and 8% responded in the "other single origins" category.

Aboriginal Identity

The Aboriginal Peoples Survey provided information on the number of people who identified themselves as Aboriginal in each of 4 selected communities. This category includes, but is not limited to, First Nations members. Table 3.5 presents the results obtained in the communities of Chemawawin First Nation, Easterville, Mosakahiken and Cormorant. When data from Table 3.5 is examined alongside the 1991 population figures given in Table 3.3, we can see that the vast majority of people living in these four communities identified themselves as being of Aboriginal descent. Approximately 99% of the Mosakahiken First Nation people, 100% of the Chemawawin First Nation people, and 90% of the Cormorant residents identified themselves as Aboriginal. Table 3.3 does not provide data for the community of Easterville; however, reports from this community suggest that Easterville is comprised almost entirely of people of Aboriginal descent.

Table 3.5
Population Reporting Aboriginal Identity

Community	Adults ages 15 and over	Children Under 15	Total
Chemawawin FN	325	225	550
Easterville	85	50	135
Mosakahiken First Nation	245	170	415
Cormorant	215	130	345

Source: Aboriginal Peoples Survey: 1991

Language

Table 3.6 presents data obtained from the 1991 Census that describes the language used by individuals in the NOR-MAN region. Unfortunately the Census profile does not provide information on the following 4 communities: Easterville, Cormorant, Moose Lake, and Sherridon. As the information in Table 3.6 indicates, English is the language that is used most often at home by people in the region. In fact, 89.4% of the people living within the NOR-MAN boundaries used English as the primary language in their homes.

There is some variation in the percentage of people who use English as the primary language in each community. English is used as the primary language by 76% of the people from Grand Rapids First Nation; 93% of the people living in The Pas; 81% of Opaskwayak Cree Nation residents, 98% of Cranberry Portage residents, 100% of the people from Snow Lake and 97% of the Flin Flon residents. Cree is most frequently used at home in the communities of Chemawawin First Nation (71%) and Mosakahiken First Nation (100%).

Table 3.6
Population Characteristics

Community	Total Population		Use English Language at home		Use Cree Language at home	
	#	(%)	#	(%)	#	(%)
Grand Rapids Town	506	(2)	460	(91)	30	(6)
Grand Rapids FN	374	(2)	285	(76)	65	(17)
Chemawawin FN	551	(2)	75	(14)	390	(71)
The Pas	6,166	(27)	5,720	(93)	115	(2)
Opaskwayak Cree Nation	1,632	(7)	1,210	(81)	245	(16)
Consol (Carrot Valley) LGD	1,892	(8)	1,850	(98)	40	(2)
Consol (Wanless) LGD	328	(1)	325	(99)	0	(0)
Division No. 21 Unorganized	1,839	(8)	1,435	(78)	385	(21)
Mosakahiken FN	420	(2)	0	(0)	420	(100)
Snow Lake	1,598	(7)	1,598 ¹	(100)	0	(0)
Cranberry Portage	817	(4)	800	(98)	0	(0)
Flin Flon	7,119	(31)	6,885	(97)	0	(0)
Totals	23,242	(100)	20,643	(89)	1,690	(7)

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, Part B, 1991

¹Approximate figure.

Note: % of total population is missing cases, which are excluded from the table.

The Aboriginal Peoples Profile was used as another source of information to explore the relevance of culture and language in some of the communities in our region. Data from Easterville, Chemawawin First Nation, Mosakahiken First Nation and Cormorant provides an additional perspective on people over 5 years of age who spoke, understood, read and wrote an Aboriginal language. This information is presented in Table 3.7.

Table 3.7
Aboriginal Language of Population aged 5+

Community	Mosakahiken First Nation # (%)	Chemawawin First Nation # (%)	Easterville # (%)	Cormorant # (%)
Total population reporting Aboriginal identity	360	450	110	300
Persons who speak Aboriginal language(s)	335 (93)	435 (97)	95 (86)	35 (12)
Speak Aboriginal language(s) at...				
Home	340 (94)	425 (94)	95 (86)	25 (8)
School	165 (46)	125 (28)	30 (27)	0 (0)
Work	75 (21)	110 (24)	30 (27)	0 (0)
other places	320 (89)	420 (93)	95 (86)	25 (8)
Understand Aboriginal language(s)	10 (3)	0 (0)	10 (9)	55 (18)
Read Aboriginal language(s)	85 (24)	55 (12)	5 (5)	0 (0)
Write Aboriginal language(s)	50 (14)	0 (0)	0 (0)	0 (0)

Source: Aboriginal Peoples Profile: 1991

Over 85% of the Aboriginal people in three of the four communities that participated in the Aboriginal Peoples Survey spoke an Aboriginal language. Cormorant was the exception, in that only 12 % of the people from that community spoke an Aboriginal language. Cormorant remained an exception in all of the other categories that were examined.

In the remaining 3 communities of Easterville, Chemawawin First Nation and Mosakahiken First Nation it is apparent that an Aboriginal language is most frequently spoken in the home, as compared to the school or the workplace. Most of the people who understood an Aboriginal language also spoke the language. From 5-24% of the people in these communities were able to read in an Aboriginal language, and few people (only 14% in Mosakahiken First Nation) were able to write in an Aboriginal language.

Religion

Table 3.8 provides information on the religions affiliation of 23,242 people in our region. Of these individuals, 56% were Protestant, 27% were Catholic, 15% indicated they had no religious affiliation and 2% identified themselves as having an "other" religion.

Some communities appear to have one predominant religious affiliation. In the communities of Chemawawin First Nation (79%), Mosakahiken First Nation (89%) and Opaskwayak Cree Nation (78%), the predominant religious affiliation is the Protestant faith.

Table 3.8
Religious Affiliation

Community	Total Population # (%)	Catholic # (%)	Protestant # (%)	Other Religion # (%)	No Religions Affiliation # (%)
Grand Rapids	506 (3)	210 (42)	265 (52)	0 (0)	30 (6)
Grand Rapids First Nation	374 (2)	120 (32)	230 (61)	0 (0)	20 (5)
Chemawawin First Nation	551 (3)	95 (17)	435 (79)	0 (0)	30 (5)
The Pas	6,166 (33)	1,865 (30)	2,970 (48)	130 (2)	1,080 (18)
Opaskwayak Cree Nation	1,632 (8)	275 (17)	1,275 (78)	0 (0)	75 (5)
Consol (Carrot Valley) LGD	1,892 (8)	405 (21)	1,225 (65)	25 (1)	280 (15)
Consol (Wanless) LGD	328 (1)	100 (30)	160 (49)	0 (0)	65 (20)
Mosakahiken First Nation	420 (2)	50 (12)	375 (89)	0 (0)	10 (2)
Snow Lake	1,598 (8)	450 (28)	855 (53)	15 (1)	285 (18)
Cranberry Portage	817 (4)	285 (35)	340 (42)	10 (1)	180 (22)
Flin Flon	7,119 (37)	1,785 (25)	3,830 (54)	155 (2)	1,275 (18)
Division No. 21 Unorganized	1,839 (8)	665 (36)	945 (52)	0 (0)	230 (13)
Totals	23,242 (100)	6,305 (27)	12,905 (56)	335 (1)	3,560 (15)

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, Part B, 1991

Education

A Planning Framework to Promote, Preserve and Protect the Health of Manitobans (Manitoba Health, 1997) identifies education as one of the important factors that can influence the health of individuals. In fact, this report indicates that:

“health status improves with the level of education, including self-ratings of positive health or indicators of poor health such as activity limitations or lost work days. Education increases opportunities for income and job security, and equips people with a sense of control over life circumstances – key factors that influence health.” (p. 9)

Table 3.9 looks at the educational attainment of residents in the NOR-MAN region, and allows us to compare our level of attainment to other Manitoba residents. Using a population base of 839,895 Manitobans over the age of 15 years, 1991 Census Canada reports indicate that 45% of Manitobans have not received their high school certificate. This can be compared to 50% of the 16,830 people from the NOR-MAN region who are included in the Census Canada sample. Although the regional percentage is higher than the Manitoba figure, it does not appear significantly higher. When the figures are broken down by community, a different picture emerges. The percentages of community residents who have not received their high school certificate are as follows:

• Grand Rapids	40%
• Grand Rapids First Nations	73%
• Chemawawin First Nations	92%
• The Pas	45%
• Opaskwayak Cree Nation	58%
• Mosakahiken First Nation	88%
• Snow Lake	43%
• Cranberry Portage	43%
• Flin Flon	47%

The Census data only reports on 9 of the communities in the NOR-MAN region. Of these communities, people over the age of 15 years who are living in First Nations communities appear to be at a disadvantage from an educational perspective, when compared to people residing in non-First Nations communities. Although this problem is less serious in Opaskwayak Cree Nation, 58% of the people from this community have not yet completed high school, compared to 45% of the people in the neighbouring community of The Pas.

Table 3.9
Educational Attainment

Community	Total Population 15+	Less than Grade 9 # (%)	Grade 9-12 No Certificate # (%)	Grade 9-12 with Certificate # (%)	Trade Certificate or Diploma # (%)	Non University without Certificate # (%)	Non University With Certificate # (%)	University Without Degree # (%)	University With Degree # (%)
Grand Rapids	345	70 (20)	70 (20)	30 (9)	15 (4)	25 (7)	75 (22)	30 (9)	20 (6)
Grand Rapids First Nation	215	70 (33)	85 (40)	10 (5)	15 (7)	15 (7)	25 (12)	10 (5)	0 (0)
Chemawawin First Nation	330	175 (53)	95 (29)	10 (3)	20 (6)	10 (3)	10 (3)	0 (0)	10 (3)
The Pas	4,580	580 (13)	1,450 (32)	335 (7)	160 (3)	300 (6)	935 (20)	455 (10)	370 (8)
Opaskwayak Cree Nation	1,065	285 (27)	325 (31)	45 (4)	35 (3)	130 (12)	195 (18)	40 (4)	25 (2)
Consol (Carrot Valley) LGD	1,335	235 (18)	445 (33)	85 (6)	100 (7)	95 (7)	255 (19)	80 (6)	45 (3)
Consol (Wanless) LGD	255	15 (6)	150 (59)	20 (8)	20 (8)	10 (4)	25 (10)	10 (4)	10 (4)
Mosakahiken First Nation	250	130 (52)	90 (36)	15 (6)	10 (4)	10 (4)	10 (4)	10 (4)	0 (0)
Snow Lake	1,165	115 (10)	380 (33)	125 (11)	70 (6)	35 (3)	235 (20)	105 (9)	95 (8)
Cranberry Portage	610	100 (16)	165 (27)	55 (9)	10 (2)	70 (11)	90 (15)	65 (11)	55 (1)
Flin Flon	5,340	585 (11)	1,895 (36)	570 (11)	175 (3)	300 (6)	1,050 (20)	375 (7)	385 (7)
Division 21 Unorganized	1,340	295 (22)	515 (38)	60 (4)	50 (4)	60 (4)	210 (16)	75 (6)	65 (3)
NOR-MAN Region	16,830	2,655 (16)	5,665 (34)	1,360 (8)	680 (4)	1,060 (6)	3,115 (19)	1,255 (7)	1,080 (6)
Manitoba	839,895	124,185 (15)	252,585 (30)	98,045 (12)	25,865 (3)	45,520 (5)	118,295 (14)	89,740 (11)	85,645 (10)

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, Part B, 1991

The discrepancy between communities, and the small discrepancy between NOR-MAN and Manitoba was most noticeable in the years leading up to, and including, high school graduation. After that point, the differences were less pronounced, and in some areas the percentage of people in local communities who have attained specific levels of educational attainment was higher than the provincial average.

Employment, Income and Economic Dependence

Employment, income and economic dependency are important determinants of individual health and well being. In fact, income is the sole most important determinant of health. As one important example, as mothers move up the income scale, the health of their babies, on average, has been shown to increase. Statistics maintained on income and related issues can give us a good indication of where the needs lie in our communities, and where the resources should be directed.

Employment

Information on the labor force provides us with an indication of how many people are earning their incomes through full and part time employment.

Table 3.10 describes labor force participation within the NOR-MAN region in 1991. In almost all of the communities there were more males working full time/full year than their female counterparts, with the exception of Grand Rapids Cree Nation. The Chemawawin First Nation's report listed an equal number of males and females working full time/full year. Males tended to make more income in these full time/full year positions except in Chemawawin and Grand Rapids First Nation, where women on average earned a higher income than the men.

In the First Nation communities of Grand Rapids, Chemawawin, Mosakahiken, and Opaskwayak Cree Nation, and in the Town of Grand Rapids, there were more males with part time/part year positions than there were females. The opposite situation was reported for the communities of Snow Lake, Flin Flon, and The Pas. In Cranberry Portage, an equal number of males and females had part time/part year positions. In these part time/part year positions, males tended to earn more income than females, with the exception of Chemawawin First Nation and Consol (Carrot Valley) LGD. Sometimes there were considerable differences between the income of men and women who were employed on both a full time and part time basis.

Table 3.10
Labor Force by Gender, Employment Status and Income

Community	Gender	Work Full Time/Full Year	Average Employment Income (Full Time)	Work Part Time/Part Year	Average Employment Income (Part Time)
Grand Rapids	M	70	\$36,776	65	\$15,175
	F	40	\$26,916	55	\$9,506
Grand Rapids First Nation	M	10	\$17,604	70	\$7,933
	F	15	\$26,138	25	\$4,486
Chemawawin First Nation	M	20	\$19,559	85	\$7,940
	F	20	\$24,064	35	\$8,189
The Pas	M	1,065	\$37,048	715	\$16,652
	F	680	\$23,839	880	\$10,079
Opaskwayak Cree Nation	M	105	\$25,212	185	\$10,910
	F	80	\$18,502	110	\$7,359
Consol (Carrot Valley) LGD	M	270	\$35,418	285	\$13,482
	F	200	\$26,329	230	\$13,610
Consol (Wanless) LGD	M	60	\$37,797	45	\$26,066
	F	35	\$24,650	30	\$9,329
Mosakahiken First Nation	M	10	\$27,380	35	\$9,001
	F	0	0	15	\$6,930
Snow Lake	M	405	\$48,034	150	\$19,836
	F	120	\$26,357	300	\$10,439
Cranberry Portage	M	115	\$39,609	120	\$17,587
	F	60	\$30,644	120	\$9,110
Flin Flon	M	1,380	\$47,920	725	\$19,509
	F	615	\$26,546	985	\$9,262
Division No. 21 Unorganized	M	210	\$40,836	265	\$14,267
	F	100	\$27,523	195	\$9,289

Source: Statistics Canada Profile of Census Divisions and Subdivisions Manitoba,
Part B: 1991

The Aboriginal Peoples survey assessed employment status in the communities that are listed in Table 3.11. Data was available for people 15 years of age and over in 4 communities, excluding institutional residents. Less than 40% of the people in all 4 communities were reported to be employed. The community of Easterville had the highest percentage of unemployed people, and reported an unemployment rate of 29%.

The number of people who were "not in the labor force" was examined in the Aboriginal Peoples Survey. People in this category included those who, in the week prior to enumeration, were unwilling or unable to offer or supply their labor services under conditions existing in the labor market. It also

included persons who looked for work during the last four weeks but who were not available to start work in the reference week, as well as persons who did not work, did not have a new job to start in four weeks or less, were not on temporary lay-off or did not look for work in the four weeks prior to enumeration. Mosakahiken and Chemawawin First Nations reported that a large percentage of their population was "not in the labor force" (63% and 56% respectively).

Table 3.11
Employment Status

Employment Status	Chemawawin First Nation # (%)	Mosakahiken First Nation # (%)	Easterville # (%)	Cormorant # (%)
Employed	120 (38)	45 (18)	30 (35)	60 (28)
Unemployed	20 (6)	40 (16)	25 (29)	60 (28)
Not in the labor force	180 (56)	155 (63)	25 (29)	95 (44)
Total	320	245	85	215

Source: Aboriginal Peoples Survey: 1991

Income and Income Sources

Table 3.12 compares the household incomes of some of the communities in the NOR-MAN region. Excluded from the analysis were the communities of Easterville, Chemawawin First Nation, Cormorant, Moose Lake, and Sherridon.

The Census data indicates that there is a concentration of household incomes under \$20,000 in the 8 communities under review. In Mosakahiken First Nation, 63% of the households are supported by an income of less than \$20,000. Incomes of less than \$20,000 also characterize 54% of the households of Grand Rapids First Nation and 48% of the households of Opaskwayak Cree Nation. These figures contrast dramatically with those of Snow Lake, where only 10% of the household incomes were under \$20,000. The average income in the community of Snow Lake was also significantly higher than the average incomes in the 8 communities under review, with the exception of Flin Flon.

Table 3.12
Household Income

Community	Number	Under \$10,000 # (%)	\$10,000 - \$14,999 # (%)	\$15,000 - \$19,999 # (%)	\$20,000 - \$29,999 # (%)	\$30,000 - \$39,999 # (%)	\$40,000 - \$49,999 # (%)	\$50,000 - \$59,999 # (%)	\$60,000 - \$69,999 # (%)	\$70,000 and over # (%)	Average Income
Grand Rapids	170	25 (15)	10 (6)	10 (6)	30 (18)	30 (18)	20 (12)	20 (12)	10 (6)	25 (15)	\$38,362
Grand Rapids First Nation	85	15 (18)	10 (12)	20 (24)	15 (18)	0 (0)	10 (12)	0 (0)	10 (12)	0 (0)	\$25,268
Chemawawin First Nation	120	10 (8)	15 (13)	15 (13)	30 (25)	20 (17)	10 (8)	10 (8)	0 (0)	0 (0)	\$27,785
The Pas	2,195	270 (12)	170 (8)	165 (8)	190 (9)	315 (15)	325 (14)	220 (10)	205 (9)	335 (15)	\$41,909
Opaskwayak Cree Nation	370	75 (20)	60 (16)	45 (12)	60 (16)	45 (12)	40 (11)	15 (4)	10 (3)	10 (3)	\$27,321
Consol (Carrot Valley) LGD	580	45 (8)	50 (9)	40 (7)	75 (13)	60 (10)	50 (9)	75 (13)	75 (13)	95 (16)	\$44,547
Consol (Wanless) LGD	120	0 (0)	0 (0)	0 (0)	25 (21)	35 (29)	15 (13)	20 (17)	15 (13)	10 (8)	\$42,198
Mosakahiken First Nation	80	10 (13)	25 (31)	15 (19)	15 (19)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	\$20,949
Snow Lake	545	45 (8)	10 (2)	0 (0)	45 (8)	50 (9)	75 (14)	90 (17)	85 (16)	135 (25)	\$56,563
Cranberry Portage	280	40 (14)	30 (11)	25 (9)	0 (0)	60 (21)	25 (9)	10 (4)	30 (11)	55 (20)	\$43,271
Flin Flon	2,715	225 (8)	195 (7)	245 (9)	240 (9)	285 (11)	325 (12)	385 (14)	290 (11)	525 (19)	\$50,505
Division No. 21 Unorganized	575	95 (17)	40 (7)	50 (9)	90 (16)	65 (11)	50 (9)	55 (10)	40 (7)	90 (16)	\$39,511

Source: Statistics Canada's Profile of Census Divisions & Subdivisions in Manitoba, Part B: 1991

Household income and personal income can come from different sources. These include employment, government transfer payments and other sources such as personal savings. Transfer payment income includes some of the following payments made to individuals by the federal or provincial governments, or by organizations or institutions: Unemployment Insurance, FST/GST credits, Child Tax Credit/Benefit, Old Age security pension/net federal supplements, Canada Pension Plan, superannuation and other (private) pensions, non-taxable income and provincial refundable tax credits. The individuals in this case receive these payments without providing goods or services in return.

Individuals listed in the communities that are identified in Table 3.13 reported that at least part of their total income was derived from employment, ranging from 54.5% in Mosakahiken to 91.4% in Snow Lake. The Provincial average for this category was 75.4%.

Table 3.13
Composition of Total Income

Community	Employment Income (%)	Government Transfer payments (%)	Other income (%)
Grand Rapids	80.9	15.4	3.7
Grand Rapids First Nation	58.5	39.1	2.4
Chemawawin First Nation	55.7	34.8	9.5
The Pas	82.0	11.0	7.0
Opaskwayak Cree Nation	72	26.6	1.5
Consol (Carrot Valley) LGD	84.9	11.2	4.0
Consol (Wanless) LGD	89.6	9.0	1.4
Mosakahiken First Nation	54.5	45.4	.1
Snow Lake	91.4	5.4	3.2
Cranberry Portage	83.6	12.4	3.9
Flin Flon	78.2	9.4	12.4
Division No. 21 Unorganized	73.9	16.7	9.4

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, Part B: 1991.

In some communities there was a clear reliance on transfer payments. Transfer payments comprised 45.4% of the total income acquired by residents of Mosakahiken First Nation, who relied the most heavily on this income source. This can be compared to 26.6% of the income acquired by residents of Opaskwayak Cree Nation, and 5.4% of the total income acquired by residents of Snow Lake. The provincial average for this category was 13%.

Limited supplementary data was available on Easterville and Cormorant. Over half (59%) of the residents of Easterville and 40% of the residents of Cormorant were social assistance recipients.

Population Dependency and Economic Dependency

"Population Dependency" and "Economic Dependency" are special concepts that are used by Statistics Canada to identify people who may be at a disadvantage in our society from an economic and social standpoint. Statistics Canada relies on information from people who file income tax returns to determine how many people can be classified as dependent on other people and organizations/institutions. There are 2 ratios that can be used to describe the number of people who fall into these categories. These are the dependent population rate and the economic dependency ratio. The ***dependent population rate*** is calculated by dividing the number of people in the population under 15 years of age plus the number in the population aged 65 and over, by the population aged 15 to 64 years. The ***economic dependency ratio*** (EDR) is the number of transfer payment dollars received as benefits in a given area, compared to every \$100 of employment income for that same area. For example, where a table shows an Unemployment Insurance (UI) dependency ratio of 4.69, it means that \$4.69 in UI benefits were received for every \$100 of employment income for that area.

Table 3.14 provides information on the Population Dependency and the Economic Dependency of NOR-MAN communities and compares our dependency rates to those of the Province of Manitoba.

Table 3.14
Population Dependency and Economic Dependency Ratio (EDR¹)
NOR-MAN Communities & Manitoba

Population/ Economic Dependency	Cormorant Rate (%) ³	Cranberry Portage Rate (%)	Easterville ¹ Rate (%)	Grand ¹ Rapids Rate (%)	Moose Lake ¹ Rate (%)	Snow Lake Rate (%)	The Pas Rate (%)	Flin Flon ² Rate (%)	Manitoba Rate
(%) Population Dependency Age <15 and over 64	34.88 (98)	28.95 (81)	47.06 (132)	42.06 (118)	42.53 (120)	30.22 (85)	33.92 (95)	34.65 (97)	35.60
EDR: UI	7.32 (285)	4.29 (167)	77.49 (3,015)	10.60 (413)	18.12 (705)	3.54 (138)	3.36 (131)	3.98 (131)	2.57
EDR: Child Benefits	6.91 (370)	1.91 (102)	70.50 (3,770)	7.56 (404)	20.80 (1,112)	1.04 (56)	2.36 (126)	1.12 (58)	1.87
EDR: Pensions	4.10 (20)	10.22 (51)	39.84 (198)	9.12 (45)	12.82 (64)	7.96 (40)	11.85 (59)	15.49 (79)	20.17
Social Assistance	20.68 (844)	4.54 (185)	31.95 (1,304)	7.12 (291)	27.16 (1,109)	0.50 (20)	3.14 (128)	1.37 (55)	2.45
EDR: Total	49.41 (167)	24.39 (83)	257.70 (873)	40.55 (137)	94.09 (319)	14.98 (51)	23.05 (78)	24.57 (83)	30
Per Capita Transfer Payment Income	\$3,028 (89)	\$2,967 (88)	\$1,953 (58)	\$2,221 (66)	\$2,143 (63)	\$2,504 (74)	\$2,616 (77)	\$3,506 (106)	\$3,378

Source: Statistics Canada Tax Filer Information: 1995

¹The Easterville, Moose Lake, and Grand Rapids data includes data gathered from the adjoining First Nations communities. There is no tax-filer data available for Sherridon.

²The data for Flin Flon is 1994 data.

³% should be interpreted as "percent of Manitoba rate".

"Population Dependency" under the age of 15 and over the age of 64 gives us a picture of how many people there are in these age categories compared to the rest of the population. The higher the number, the greater the proportion of people who fall in what are viewed as dependent age categories. When these factors alone are considered, Easterville had the highest dependency rate of all of the communities in the region. Further, this rate was significantly higher than that of the province as a whole.

The column titled "EDR: UI" provides information on economic dependency as a function of the amount of Unemployment Insurance dollars received for every \$100 of employment income for the area. A high EDR means that there is a reliance on UI as a source of income. Easterville had a very high EDR for Unemployment Insurance: 7.49 compared to the provincial figure of 2.57. Flin Flon and The Pas had the lowest rate, although their EDR: UI was significantly higher than that of Manitoba. It should be noted that all of the other communities in the NOR-MAN region had a higher EDR: UI rate than Manitoba as a whole.

The "EDR: Child Benefits" provides information on economic dependency as measured by the transfer of Child Tax Benefits to individuals. The EDR: Child Benefits was highest in Easterville and lowest in Snow Lake (70.50 and 1.04 respectively). All communities except Snow Lake and Flin Flon had an "EDR: Child Benefits" rate that was higher than the provincial average.

The "EDR: Pensions" examines the transfer of pension dollars to individuals in a given area, and compares this to the employment income that is earned. The "EDR: Pensions" was lower than the provincial average in all of the communities in our region, except Easterville. This suggests that we rely on the Canada Pension Plan and other private pensions less than other transfer payments in our region. In the case of Easterville, there is more of a reliance on these sources of income than there is, on average, in Manitoba, and in other parts of the region.

There was \$2.45 of social assistance provided for every \$100 of employment income in the Province of Manitoba. Most of the communities in the NOR-MAN region received a higher rate of social assistance than did Manitobans on average. The exceptions were the communities of Snow Lake and Flin Flon. Easterville relied the most heavily on social assistance, compared to employment income.

The "EDR: Total" takes into account all of the EDR items listed in this table plus an EDR for GST Credits, Workers' Compensation and Provincial Refundable Tax Credits. The "EDR Total" was higher than the Manitoba rate for the communities of Cormorant, Easterville, Grand Rapids and Moose Lake. It was lower in the communities of Cranberry Portage, Flin Flon, The Pas, and Snow Lake.

Despite the high population dependency rates and the high economic dependency ratio in most areas, the "Per Capita Transfer of Funds" was lower than the Manitoba average in all of the NOR-MAN communities with the exception of Flin Flon. The lowest per capita transfer payment was \$1,953 which was received, on average, by residents of Easterville. This low amount was in direct contrast to their high EDR ratios in most areas.

Family Structure, Household Characteristics, and Housing

Family structure is an important consideration in the design and delivery of health care services. Healthy families are a source of social support for their members and can also play a role in health promotion and the early identification of illness. Census data provides us with information on family structure. Table 3.15 describes the number of families headed by married couples, common law couples and lone parent families. Lone parent families are those families headed by one parent, male or female, and with at least one child.

Table 3.15
Family Structure

Community	Families Headed by Married Couples		Families Headed by Common Law Couples		Lone Parent Families	
	#	(%)	#	(%)	#	(%)
Grand Rapids	90	(67)	20	(15)	25	(19)
Grand Rapids First Nation	55	(65)	15	(18)	15	(18)
Chemawawin First Nation	70	(61)	20	(17)	25	(22)
The Pas	1,115	(69)	200	(12)	290	(18)
Opaskwayak Cree Nation	220	(64)	55	(16)	70	(20)
Consol (Carrot Valley) LGD	410	(81)	45	(9)	55	(11)
Consol (Wanless) LGD	75	(83)	10	(11)	5	(6)
Mosakahiken First Nation	55	(69)	10	(13)	15	(19)
Snow Lake	355	(81)	50	(11)	35	(8)
Cranberry Portage	145	(71)	20	(10)	40	(20)
Flin Flon	1,430	(76)	215	(11)	230	(12)
NOR-MAN Region	4,380	(73)	690	(12)	885	(15)
Provincial	227,260	(79)	21,315	(7)	37,365	(13)

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, Part A: 1991

In all of the communities that are listed in the Table, the majority of families are headed by married couples. Lone parent families are more common than families headed by common law couples, except in Snow Lake, where there are more families headed by common law couples (11%) than lone parent families (8%) and Wanless, where the figure is 11% and 6% respectively. With the exception Snow Lake, Flin Flon, Carrot Valley and Wanless, the percentage of one-parent families in the remaining communities in the NOR-MAN Region is significantly higher than the provincial average.

Table 3.16 examines the number of people who live in each household and the number of families that reside in each home. This data takes into consideration living arrangements, including extended family arrangements. First Nations communities have, on average, the most people living in individual houses. The number of people living in each house ranged from a low of 2.6 in Flin Flon to a high of 5.1 in Mosakahiken First Nation.

As Table 3.16 indicates, the most common type of living arrangement in all communities is one in which a single family resides in their own home.

Table 3.16
Household Characteristics

Community	Total Number of Private Households	1 person per house # (%)	2 person per house # (%)	3 persons per house # (%)	4-5 persons per house # (%)	6 + persons per house # (%)	Average # of persons per house	1 Census Family # (%)	2 or more Census Families
Grand Rapids	165	30 (18)	40 (24)	35 (21)	45 (27)	15 (9)	3	135 (82)	0 (0)
Grand Rapids First Nation	90	10 (11)	10 (11)	10 (11)	35 (39)	20 (22)	4.3	75 (83)	0 (0)
Chemawawin First Nation	120	10 (8)	10 (8)	10 (8)	50 (42)	35 (29)	4.8	95 (79)	5 (4)
The Pas	2,195	510 (23)	610 (28)	410 (19)	600 (27)	65 (3)	2.7	1,585 (72)	10 (<1)
Opaskwayak Cree Nation	410	45 (11)	70 (17)	55 (13)	155 (38)	75 (18)	3.5	340 (83)	0 (0)
Consol (Carrot Valley) LGID	580	70 (12)	145 (25)	110 (19)	220 (38)	40 (7)	3.3	495 (85)	5 (<1)
Consol (Wanless) LGID	125	25 (20)	40 (32)	15 (12)	35 (28)	5 (4)	2.7	90 (72)	0 (0)
Mosakahiken First Nation	80	5 (6)	10 (12)	10 (12)	35 (44)	30 (37)	5.1	70 (88)	5 (6)
Snow Lake	545	95 (17)	140 (26)	115 (21)	190 (35)	10 (2)	2.9	435 (80)	5 (1)
Cranberry Portage	280	70 (25)	60 (21)	50 (18)	90 (32)	15 (5)	2.9	200 (71)	0 (0)
Flin Flon	2,720	745 (27)	770 (28)	420 (15)	725 (27)	55 (2)	2.6	1,860 (68)	5 (<1)
Division No. 21 Unorganized	575	90 (16)	175 (30)	110 (19)	120 (21)	70 (12)	3.2	455 (79)	10 (17)

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, Part A: 1991

Additional information on living arrangements is provided by Statistics Canada. Table 3.17 provides a breakdown of the number of homes that are owned or rented, or that are provided by the Band in 8 communities in the NOR-MAN region. As the data indicates, in Mosakahiken, Chemawawin and Grand Rapids First Nations, and in Opaskwayak Cree Nation, the majority of homes are Band owned, although OCN residents also own or rent a large percentage of their homes. In the remaining communities listed, most of the homes are owned, with the exception of Grand Rapids (town) where most are rented.

Table 3.17
Dwelling Characteristics

Community	Total # of Occupied Private Dwellings	Owned		Rented		Band Housing	
		#	(%)	#	(%)	#	(%)
Grand Rapids	170	55	(32)	115	(67)	0	(0)
Grand Rapids First Nation	90	10	(11)	0	(0)	80	(89)
The Pas	2,200	1,295	(59)	900	(41)	0	(0)
Opaskwayak Cree Nation	425	165	(39)	40	(10)	215	(51)
Consol (Carrot Valley) LGD	580	470	(81)	110	(19)	0	(0)
Consol (Wanless) LGD	125	110	(88)	10	(8)	0	(0)
Mosakahiken First Nation	80	0	(0)	0	(0)	80	(100)
Snow Lake	550	380	(69)	165	(30)	0	(0)
Cranberry Portage	280	165	(59)	110	(39)	0	(0)
Flin Flon	2,720	1,905	(70)	805	(29)	0	(0)
Division No. 21 Unorganized	575	375	(65)	200	(35)	0	(0)

Source: Statistics Canada Profile of Census Divisions and Subdivisions in Manitoba, 1991, Part A

Information on housing conditions was only available for First Nations communities. Table 3.18 presents the results of an analysis conducted by Indian and Northern Affairs. Indian and Northern Affairs classified homes as adequate, in need of major or minimum renovations, or requiring replacement. Homes requiring major renovations generally failed to meet National Building Code standards in several areas. Homes requiring

replacement, were no longer deemed to be habitable as a result, for example, of fires, natural disasters, or because they were unsafe or unfit for human habitation. Indian and Northern Affairs also listed homes that required indoor plumbing which included homes that did not have an indoor toilet, an assured supply of hot and cold running water, a bath, or shower.

Table 3.18
First Nation Housing and Infrastructure Inventory
1994/1995

	Grand Rapids First Nation	Chemawawin First Nation	Opaskwayak Cree Nation	Mosakahiken First Nation
	# (%)	# (%)	# (%)	# (%)
POPULATION	531	760	2205	678
HOUSING UNITS	115	171	474	115
<i>CONDITION</i>				
Adequate Units	10 (9)	40 (23)	35 (7)	11 (10)
Major Renovations	19 (17)	22 (13)	164 (35)	50 (43)
Minimum Renovations	61 (53)	72 (42)	182 (38)	36 (31)
Replacement Renovations	25 (22)	37 (22)	93 (20)	18 (16)
Indoor Plumbing Renovations	22 (19)	67 (39)	27 (6)	36 (31)
<i>WATER</i>				
Piped Water	0 (0)	90 (53)	474 (100)	61 (53)
Well Water	90 (78)	4 (2)	0 (0)	1 (1)
Truck	0 (0)	70 (41)	0 (0)	53 (46)
No Service	25 (22)	3 (2)	0 (0)	0 (0)
<i>SEWAGE</i>				
Piped Sewage	0 (0)	90 (53)	474 (100)	61 (53)
Septic Field	10 (9)	10 (6)	0 (0)	1 (1)
Septic Truck	80 (70)	4 (2)	0 (0)	17 (15)
No Service	25 (22)	67 (39)	0 (0)	36 (31)

Source: Indian and Northern Affairs Canada, Housing and Infrastructure Assets Summary Report, 1995.

The data indicates that less than 25% of the homes in the 4 communities were in adequate condition. Of the homes, 13% - 43% required major renovations, and 16% - 22% required replacement. Indoor plumbing renovations were required in 39% of the homes in Chemawawin First Nation, 31% of the

homes in Mosakahiken First Nation, 19% of the homes in Grand Rapids First Nation, and 6% of the homes in Opaskwayak Cree Nation.

3.4 Summary

According to Manitoba Health, 24,473 people lived in the NOR-MAN region as of June 1, 1997. Of these individuals, 66% resided in urban centres. Estimates from different sources indicate that from 11 – 18% of the NOR-MAN population is comprised of First Nations people living in reserve communities. The remaining residents live in smaller communities that are spread throughout the region's 72,000 square kilometers.

Many of our residents are children. In fact, the 0-14 year age category was the largest overall age category in 1997, when the region as a whole was considered. Approximately 27% of our population was concentrated in this age category, compared to 22% of the Manitoba population. First Nations communities were comprised of a significantly higher percentage of young children than were non-First Nations communities. Data obtained on the number of school aged children in First Nations communities suggested that this segment of the population is growing. In contrast, the percentage of seniors in First Nations communities and in the NOR-MAN region as a whole was lower than the corresponding provincial figures. Flin Flon was the only community in the region with a percentage of seniors that was near the provincial average.

In 1997 there were slightly more males residing in the NOR-MAN region than females. Data from the 1991 Census indicated that most of the people (89%) in the region used English as their primary language. Cree was the language that was most frequently used at home in the communities of Chemawawin and Mosakahiken First Nations. In 1991 approximately 85% of the people in the region reported that they had a religious affiliation. At that time, the majority of the people in the region were Protestant (56%).

NOR-MAN residents, as a whole, were less likely to have completed high school than other Manitobans. However, when a community by community analysis was conducted, extreme differences in educational achievement were evident. People living in First Nations communities appeared to be at a disadvantage from an educational perspective, and from 58% to 92% had not completed high school. These figures can be compared to a regional average of 50% and a Manitoba average of 45%. For those individuals who went on to complete a post-secondary education, the differences between the regional and provincial figures were less pronounced.

Information on the employment and income of people in the NOR-MAN region was remarkably consistent in that it portrayed the First Nations communities as at a disadvantage from an employment and income perspective. When information was obtained on the communities of Cormorant and Easterville, it suggested that the same pattern of unemployment, reliance on social assistance, and low income applied to these communities as well.

Population dependency and economic dependency ratios, which identify people and communities that rely on transfer payments as a source of income, were examined as part of this study. Both ratios, when applied to the communities in the NOR-MAN region, clearly identified Easterville and Chemawawin First Nation as at the greatest risk from the perspective of poverty. Given the population breakdown for these communities, child poverty is a serious issue that must be addressed. Other communities were also rated as heavily dependent on transfer payments. These included the communities of Moose Lake/Mosakahiken First Nation, and Cormorant. The Pas/OCN, Snow Lake, Cranberry Portage, and Flin Flon had a lower rate of economic dependency than Manitoba as a whole.

Family structure and dwelling characteristics were also examined by the research team. Most families in the region were headed by married couples, and most lived together as single-family units. In the communities of Grand Rapids, Grand Rapids First Nation, Chemawawin First Nation, The Pas, Opaskawayak Cree Nation, Mosakahiken First Nation, Cranberry Portage, and the Unorganized Territory of Division 21, the number of lone parent families was significantly higher than the provincial average of 13%. In most communities, homes were owned by the family unit, with the exception of First Nations communities where the Band owned most homes. According to Indian and Northern Affairs, less than 25% of the homes in First Nations communities were adequate, and many required renovations or replacement.



CHAPTER 4

POPULATION HEALTH AND ILLNESS

4.1 Introduction

This chapter addresses the health of the NOR-MAN population as measured by health status indicators. The health of a population is influenced by social, economic and physical environments; personal health practices; individual capacity and coping skills; human biology; early childhood development; and the quality and availability of health services. The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease". Health is a resource for everyday life.

Many health status indicators are used to measure the health of a population. The information in this chapter is based on the indicators available through the administrative data base maintained by the Health Information Section of Manitoba Health. This data base includes the hospital discharge data, physician visits and vital statistics data. Regional comparisons of health status are derived from the Regional Profiles prepared periodically by Manitoba Health.

The information in this chapter is presented using a life-cycle approach. Thus the information on births and pregnancies appears in the beginning of the chapter, followed by morbidity statistics, preventive health practices and lastly, the indicator of mortality.

4.2 Births and Deliveries

There were 449 deliveries among residents of the NOR-MAN region during 1996/97. These deliveries resulted in 473 live births in the region. Eighty-four percent (84%) of the deliveries were performed within the region while 12% were performed in Winnipeg hospitals. A slightly lower percentage of the deliveries were performed in Winnipeg hospitals in 1996/97 than in previous years. The remaining 4% of the deliveries took place elsewhere, in other parts of the province or outside of provincial boundaries. Table 4.1 describes where women from the NOR-MAN region delivered their babies.

Table: 4.1**Location Of Delivery Among NOR-MAN Residents-1996/97**

Place	Facility	No. of Deliveries	Total %
NOR-MAN	The Pas Health Complex	290	84%
	Flin Flon General Hospital	85	
Winnipeg	St. Boniface Hospital	30	12%
	Health Sciences Centre	22	
	Others	2	
Elsewhere	Within Manitoba	12	4%
	Out of Province	8	

Source: Manitoba Health, Health Information Section: 1997

The **crude birth rate** (Total number of live births per 1,000 population) for NOR-MAN region was 19.4 in 1996/97 compared to 13.5/1,000 for all of Manitoba. The birth rate for non-First Nations communities was 18/1,000 compared to a 30/1,000 birth rate for First Nations communities in the NOR-MAN region. The birth rates by community and gender are as follows:

Table 4.2**Births in NOR-MAN Region by Mother's Place of Residence-1996/1997**

Municipality	Newborn Males	Newborn Females	Newborn Total	Rate/1000
179 RM of Consol	20	16	36	13.1
188 Town of Snow Lake	10	8	18	13.6
190 City of Flin Flon	47	44	91	12.6
191 Town of The Pas	86	93	179	23.2
194 Grand Rapids	9	8	17	23.5
292 Unorg. Ter. Norman	27	23	50	26.3
A26 Opaskwayak Cree Nation	15	20	35	23.8
A27 Grand Rapids FN	6	6	12	32.9
A28 Chemawawin FN	13	14	27	53.1
A29 Moose Lake FN	3	5	8	24.2
NOR-MAN Total	236	237	473¹	19.4
Manitoba Total	7,914	7,522	15,436	13.5

Source: Manitoba Health, Health Information Section: 1997

¹A total of 449 deliveries resulted in 473 births.

As Table 4.2 indicates, Chemawawin First Nation had the highest birth rate in 1996/97, followed by Grand Rapids First Nation. Flin Flon had the lowest birth rate. The birth rates in the RM of Consol; Snow Lake, and Flin Flon were lower than the provincial average.

Teenage Pregnancy

The teenage pregnancy rate is defined as the ratio of pregnancies in females aged 15-19 years of age compared to the total number of females in that age group. These pregnancies may result in live births, stillbirths or abortions (elective or therapeutic). While some of these pregnancies are planned, this rate also provides information about unplanned and accidental pregnancies.

Teenage pregnancy is associated with many medical and social risks for the expectant mother and her baby. These may include the risk of low birth weight and prematurity, behavioral problems, poor educational attainment, isolation and poverty. The rate of teenage pregnancy was higher (47/1,000) in the NOR-MAN region than the rest of the province (19.5/1,000).

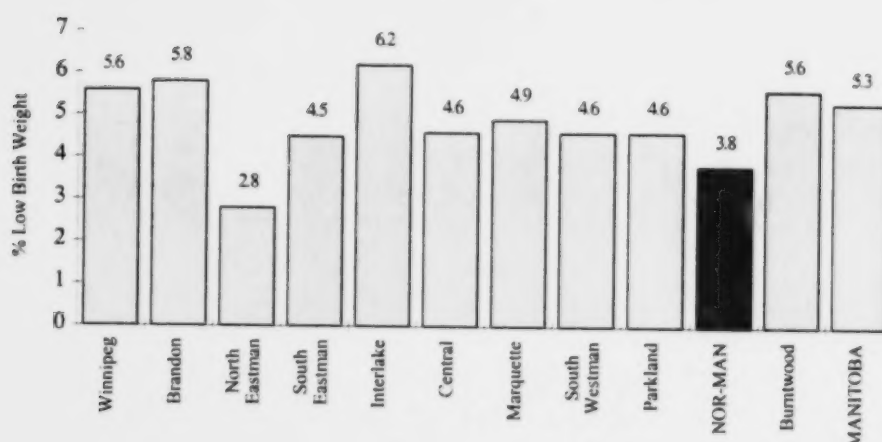
A breakdown of births to teenage mothers by communities within the NOR-MAN region was available for 1995/96. This rate is different from the actual teenage pregnancy rates as some pregnancies may result in spontaneous or therapeutic abortions. Overall, 13% of the babies born in the NOR-MAN region were born to teenage mothers. Twelve percent of babies from non-First Nations communities and 18% of those from First Nations communities were born to teenage mothers. Births to teenage mothers from Opaskwayak Cree Nation accounted for 24% of the babies born.

Birth Weight

Newborns weighing less than 2,500 grams at birth are considered **low birth weight (LBW)** infants. Those weighing less than 1500 grams are considered **very low birth weight (VLBW)** infants. The proportion of live births weighing less than 2,500 grams to total live births is called the LBW rate. Birth weight is an important indicator of health status of a population as it is an important determinant of perinatal and infant mortality and morbidity. Factors associated with LBW include smoking, teenage pregnancy, poverty, poor nutrition during pregnancy, low education and low weight of mother before pregnancy. During 1995-96, the LBW rate in the NOR-MAN region was 7% compared to 5.3% in the rest of Manitoba. In 1996/97, the LBW rate for the NOR-MAN region was 4%. The LBW rate for NOR-MAN was lower than the provincial average and lower than that of other RHAs except the North Eastman Regional Health Authority. The LBW weights are described in Figure 4.1.

Figure 4.1

Comparison of Low Birth Weight Rates - Manitoba RHAs 1996/97



On the opposite side of the spectrum, infants weighing more than 4,000 grams at births are considered **high birth weight (HBW)**. High birth weight can give rise to pregnancy and delivery complications. One of the factors associated with high birth weight is diabetes. During 1996/97 the HBW rate was 15.2%, which was slightly higher than the HBW rate of 14.3% for the rest of the province.

4.3 Hospitalization and Illness Rates

Hospitalization Rates

An annual average of the number of days spent in hospital for a specific population gives us the hospitalization rates. These rates are calculated on the basis of hospital records on admissions and discharges. Hospital discharges may be due to recovery, death or transfer to another hospital. A case is counted every time a person is admitted and discharged from the hospital. Thus the same individual may be counted more than once. Only the primary or the most important cause of admission to the hospital is used for calculation. The causes are grouped into categories according to the 9th revision of the International Classification of Diseases (Refer to Appendix B).

Hospitalization data is an indicator of the use of the health care system and can help us identify needs and priorities for hospital and other health services. This indicator is one way to measure the amount of disease in the community.

The data, however, only tells us about the conditions for which hospitalization was required. Thus the figures only reflect upon a portion of the total amount of illness, or morbidity that is experienced in our region. If the services are used by residents from other provinces (e.g., Creighton residents in Flin Flon General Hospital), these numbers are also reflected in the statistics Table 4.3 lists the top five causes of hospital utilization in the NOR-MAN region and in Manitoba.

Table 4.3
Top Five Causes of Hospital Utilization in NOR-MAN-1996/97

Rank	Cases per 1000 population	
	NOR-MAN	Manitoba
1	Pregnancy & Childbirth	Pregnancy & Childbirth
2	Respiratory System Diseases	Circulatory System Diseases
3	Digestive System Diseases	Digestive System Disease
4	Circulatory System Diseases	Respiratory System Diseases
5	Injuries & Poisonings	Injuries & Poisonings

Source: Manitoba Health, Health Information Section: 1997

As this Table indicates, NOR-MAN residents were hospitalized for similar reasons to other residents of Manitoba, although in different proportions depending upon the presenting issue. NOR-MAN residents were more likely to be hospitalized for respiratory system diseases than Manitoba residents, and less likely to be hospitalized for circulatory system diseases. Additional information on these health problems is provided in the subsequent section on morbidity.

Rates of hospitalization have varied over the years in the NOR-MAN region. There were a total of 5,272 cases of hospitalizations of NOR-MAN residents in 1994/95, 4,429 cases in 1995/96 and 4,563 in 1996/97. These numbers do not include day visits. There were 2,719 day visits to hospitals by NOR-MAN residents in 1996/97. Trends for the last three years are shown below in Figure 4.2. The trend analysis provides us with additional detail regarding the top 5 major causes of hospitalization. The rate of hospitalization for pregnancy and childbirth declined in 1995/96. They were similar in 1994/95 and 1996/97. The rate of hospitalization for diseases of the respiratory and circulatory systems, and for injuries and poisonings appear to have declined from 1995/96 to 1996/97. The rates of hospitalization for diseases of the digestive system have remained stable from 1995/96 to 1996/97, and are lower than the 1994/95 rate.

Figure 4.2

Hospitalization Trends 1994/95, 95/96, 96/97
of Cases / 1000 Population

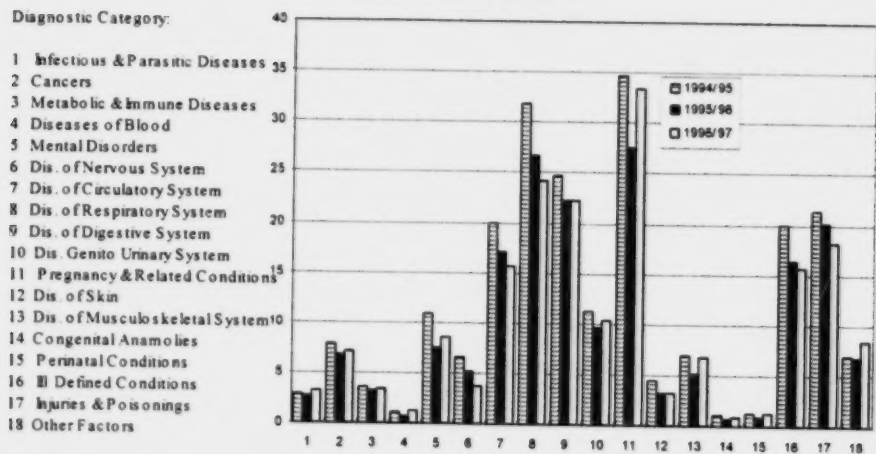
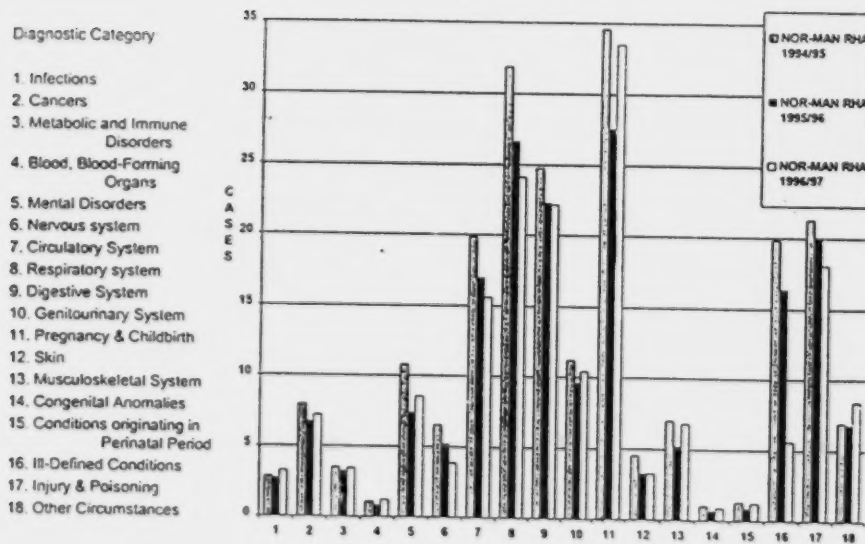


Figure 4.3 compares NOR-MAN's rate of hospitalization to that of Manitoba for specific diagnostic categories.

Figure 4.3

HOSPITAL UTILIZATION - NOR-MAN RHA
of cases per 1000 pop'n-
1994/95, 1995/96, 1996/97

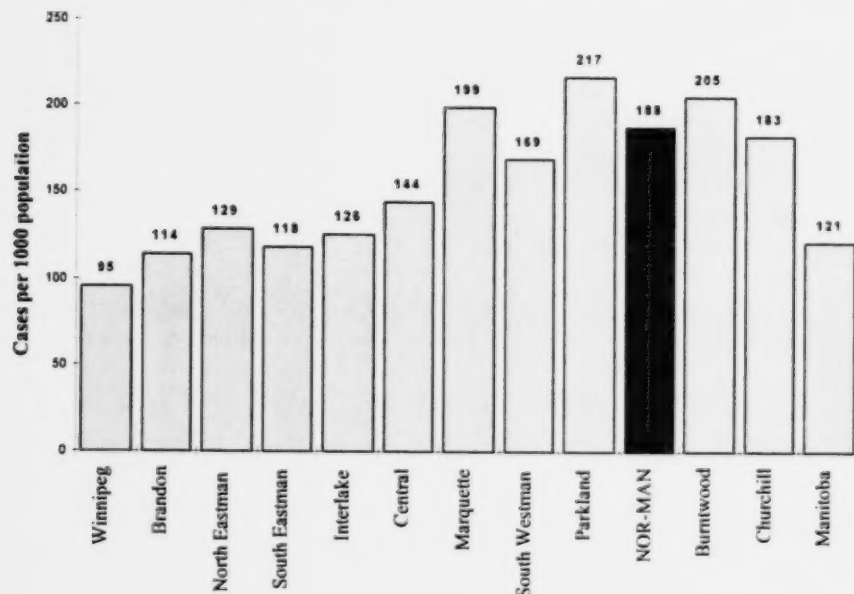


NOR-MAN experienced a noticeably higher rate of hospital utilization than Manitoba for the following diagnostic categories: mental disorders, respiratory and digestive system diseases, pregnancy and childbirth, ill-defined conditions, and injuries and poisonings.

The rate of hospitalization for the NOR-MAN region can also be compared to the rates of hospitalization for the other health regions and for Manitoba as a whole. Figure 4.4 graphically compares these rates. The NOR-MAN rate of 188 cases per 1,000, was the fourth highest in the province, and was exceeded only by that of Parkland (217), Burntwood (205) and Marquette (199).

Figure 4.4

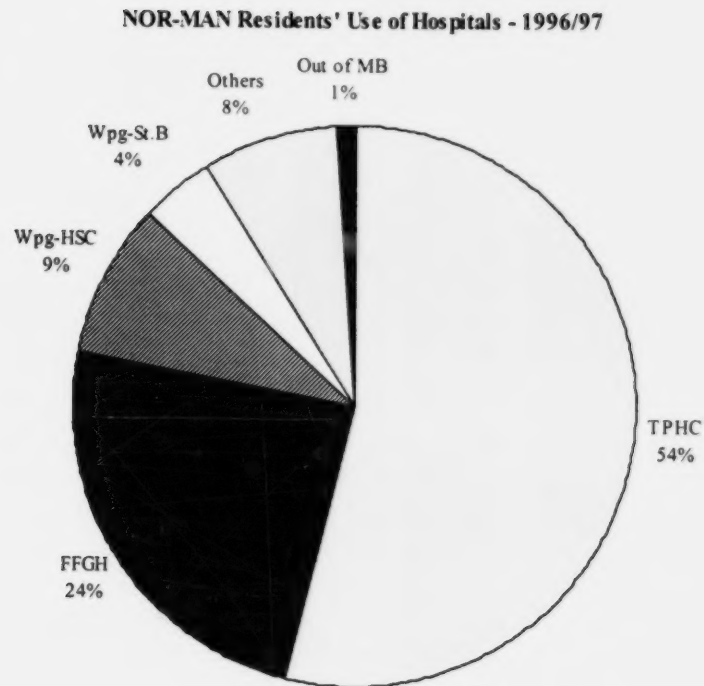
Comparison of Rates of Hospitalization, 1996/97



Over the last three years, rates for the NOR-MAN region residents were 217 per 1,000 population in 1994/95, 183 cases per 1,000 population during 1995/96 and 188 per 1,000 in 1996/97.

As was noted earlier, there were 4,563 cases of hospitalization in 1996/97. Seventy-nine percent (3,592 cases) of the hospitalizations occurred within the NOR-MAN region. Approximately 15% of the cases from the NOR-MAN region went to Winnipeg for hospitalizations. A detailed breakdown is provided in Figure 4.5.

Figure 4.5



Length of Stay

The length of stay in the hospital is calculated as the average number of days in the hospital for a specific cause during a year. Length of stay can serve as an indicator of the amount of disease in the community. This rate is also an indicator of the availability and use of health care services, and may be affected by factors related to patients, health care professionals and local policies and standards. During the fiscal year 1994/95, NOR-MAN residents spent a total of 35,950 days in hospital. During 1995/96, the total number of days spent in hospital by NOR-MAN residents was 33,231 and in 1996/97 residents spent 29,789 days in hospital.

Table 4.4 lists the illnesses that resulted in the longest stays in hospital for NOR-MAN residents.

Table 4.4
Causes of Longest Stays in Hospital for NOR-MAN Residents-1996/97

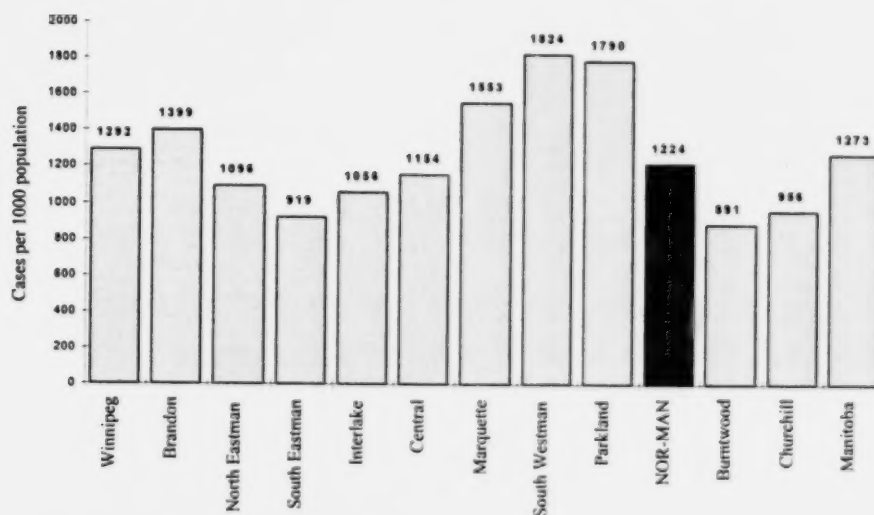
Rank	Days per 1000 population	
	NOR-MAN	Manitoba
1	Diseases of Circulatory System	Disease of Circulatory System
2	Injuries & Poisonings	Mental Disorders
3	Diseases of Respiratory System	Other ¹
4	Disease of Musculo-skeletal System	Injuries & Poisonings
5	Other Factors	Diseases of Respiratory System

Source: Manitoba Health: Health Information Section

¹Other includes factors influencing contact with Health Services

How do NOR-MAN residents compare with other health regions in their hospital use? For average days of stay in the hospital, the NOR-MAN region ranked 6th in Manitoba. The average length of stay in hospital by NOR-MAN residents in 1996/97 was less than that of Manitoba. When reviewing the information on hospitalizations, it should be kept in mind that the average length of stay in the hospitals within the NOR-MAN region was influenced by the use of hospitals in other regions (e.g., in Winnipeg) by NOR-MAN residents. In fact, hospitalization statistics describe only 78% of those residents who are admitted to hospital. Figure 4.6 provides a comparison of rates of hospital stays in different parts of Manitoba and in the province as a whole.

Figure 4.6
Comparison of Rates of Hospital Days of Stay - 1996/97



Morbidity Resulting in Hospitalization

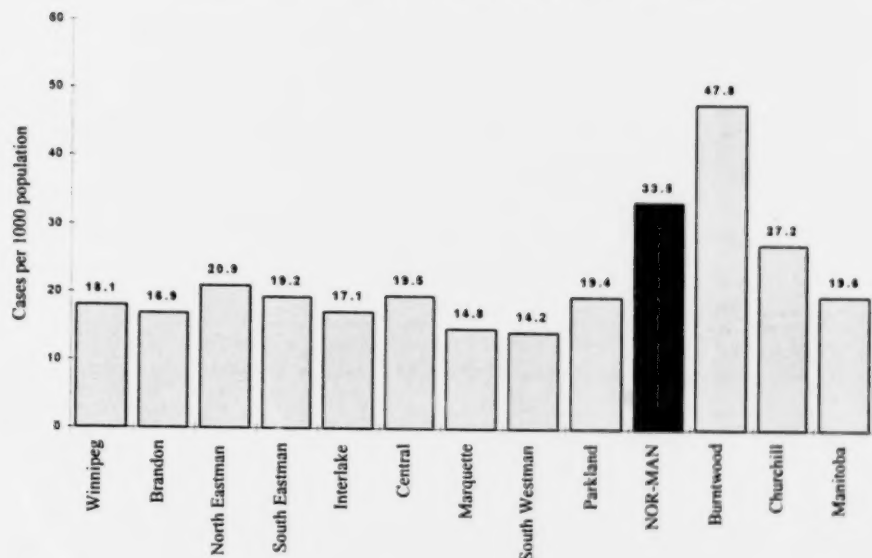
This section of the report presents information on morbidity, and describes specific illnesses and health problems experienced by people in the NOR-MAN region. One source of information on these topics is the hospitalization rate, which help us to identify priority health issues. Figures 4.7 to 4.15 provide inter-regional comparisons on hospitalizations for different illnesses. It should be noted that individuals from the NOR-MAN region who are hospitalized in other regions, including Winnipeg, are included in the hospitalization rates for the other region(s).

Pregnancy & Childbirth

Pregnancy and childbirth related conditions are the leading cause of hospitalization in the NOR-MAN region. Complications of pregnancy and childbirth are included in this category. Hospitalizations for normal births and other regular pre-natal follow-up visits are not included in this category. A comparison of NOR-MAN's hospitalization rate to that of other regions and Manitoba appears below in Figure 4.7. Compared with other RHAs, the NOR-MAN region ranks 2nd in Manitoba for hospitalizations due to pregnancy and childbirth related conditions. There were 882 admissions due to these conditions, 64% of which were in TPHC. Almost half (48%) of the admissions were related to complications of pregnancy.

Figure 4.7

Hospitalization Related to Pregnancy & Childbirth - 1996/97

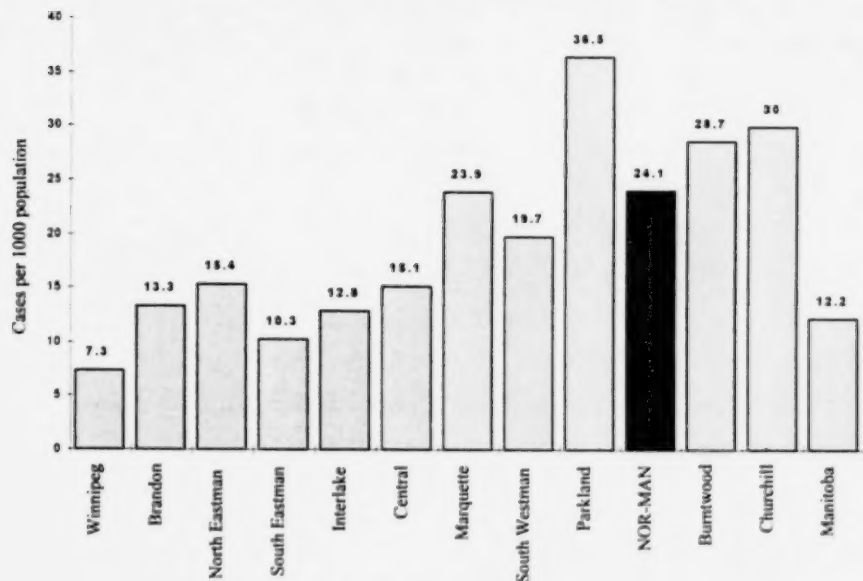


Respiratory System Diseases

Acute respiratory infections; upper respiratory tract infections; pneumonia and influenza; and chronic obstructive lung disease are included in the respiratory system diseases diagnostic category. Respiratory system diseases follow pregnancy and childbirth as the second most frequent cause of hospitalization. There were 840 hospitalizations in 1996/97 due to diseases of the respiratory system in the NOR-MAN region. The cases were almost equally distributed among two admitting facilities: 412 in The Pas Health Complex (TPHC) and 428 in Flin Flon General Hospital (FFGH). While the majority of the respiratory tract infections occurred in younger children, chronic conditions of the respiratory system occurred more in the older ages. The majority (47%) of the hospitalizations were due to pneumonia and influenza, and 60% of these were in children younger than 12 years of age. As Figure 4.8 indicates, the NOR-MAN region ranked 4th in Manitoba for hospitalizations due to conditions of the respiratory system.

Figure 4.8

Hospitalization due to Respiratory System Diseases - 1996/97



Digestive System Diseases

Digestive system diseases were the 3rd most common cause of hospitalization in the NOR-MAN region as well as in Manitoba in 1996/97. Disorders of the digestive system include diseases of the mouth and salivary glands; esophagus and stomach; hernias of the abdominal cavity;

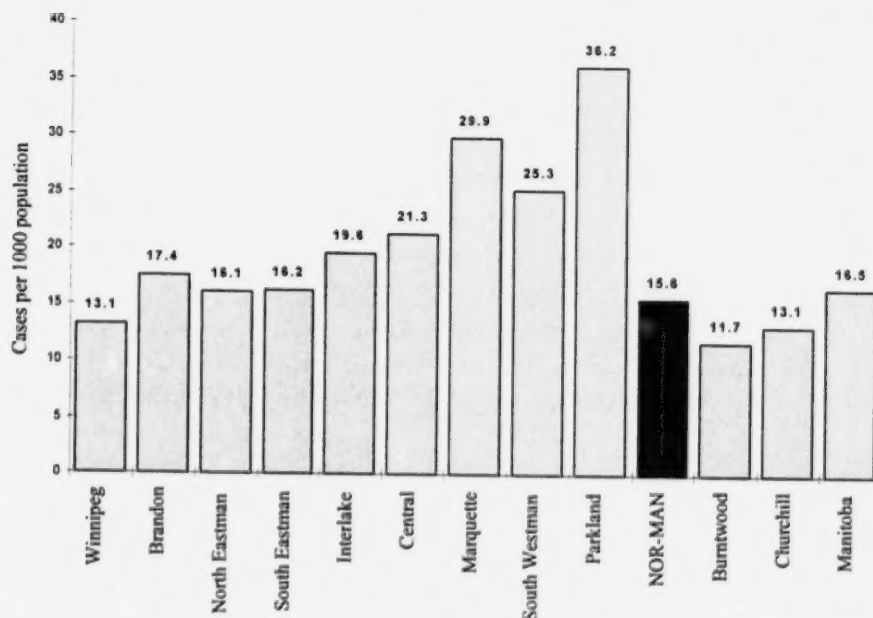
non-infectious enteritis and colitis; and diseases of the gall bladder. There were 445 hospitalizations due to disorders of the digestive system. More hospitalizations (58%) occurred in case of females. Most of the hospitalizations resulted from non-infectious enteritis and colitis, especially in younger (less than 12 year) age groups.

Circulatory System Diseases

Circulatory system diseases include high blood pressure; ischemic heart disease; cerebro-vascular disease (stroke); and disease of arteries, veins and lymphatic. As was noted in the preceding section, circulatory system diseases were the 4th top cause of hospital utilization in 1996/97. There were 349 hospital admissions in the NOR-MAN region for diseases of the circulatory system. Sixty percent (60%) or 209 of these admissions were in The Pas Health Complex. The majority of these conditions affected seniors; 118 of the 209 admissions to TPHC were in people older than 65 years of age. The NOR-MAN region ranked 7th among Manitoba RHAs with respect to hospitalizations for diseases of the circulatory system. Actual rates of hospitalization for these conditions are shown below in Figure 4.9.

Figure 4.9

Hospitalization due to Circulatory System Diseases - 1996/97



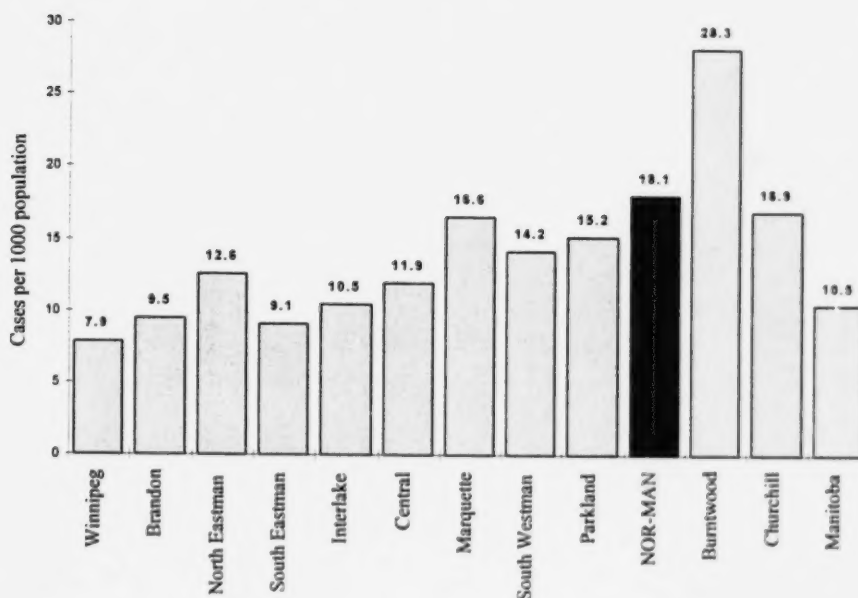
Injuries and Poisonings

This category includes hospitalizations due to fractures, dislocations, sprains and strains, head injuries, chest and abdominal injuries, open wounds, complications of surgical procedures, abrasions, and poisonings due to drugs, chemicals, toxins and medications, etc. There were 491 hospitalizations due to injuries and poisonings in the NOR-MAN region during 1996/97. One third of the hospitalizations were due to falls and 10% were due to self-inflicted injuries. The NOR-MAN region ranked second in Manitoba for hospitalizations due to injuries and poisonings. This inter-regional comparison is presented in Figure 4.10.

There were 19 deaths due to injuries and poisonings during the same time period. Fourteen (62%) of these deaths occurred in males and five (38%) in females. The majority of the deaths (32%) occurred in the 30-39 year age group. Seven deaths were due to motor vehicle related accidents.

Figure 4.10

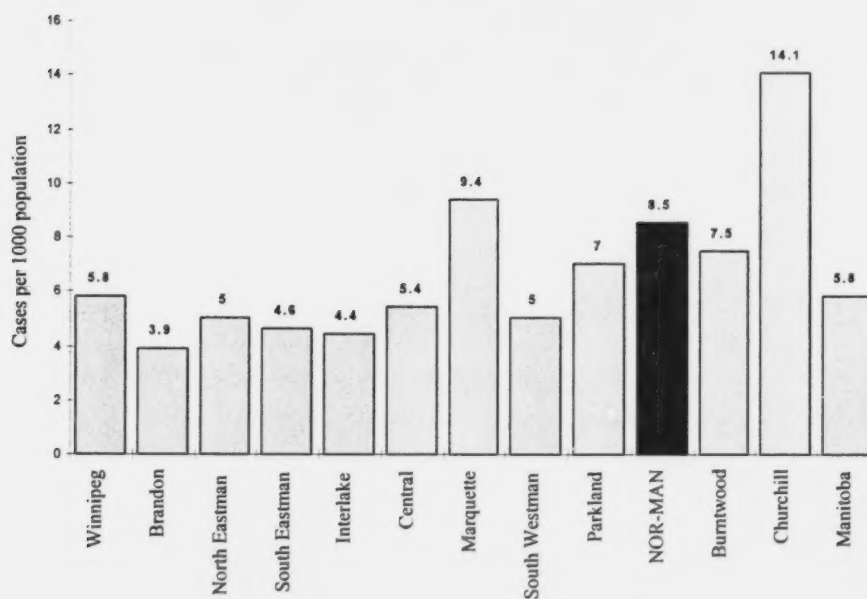
Hospitalization due to Injuries & Poisonings - 1996/97



Mental Disorders

As Figure 4.11 shows, the NOR-MAN region ranked 3rd in Manitoba for hospitalization due to mental disorders in 1996/97. Of the hospitalized cases, 64% were females. The majority, 67% of the admission, were due to neurotic and personality disorders, and almost one third of these cases were females. Again, it should be noted that these figures pertain only to those people who were hospitalized in the NOR-MAN region. Approximately 50 people were admitted to Selkirk Mental Health Centre in 1996.

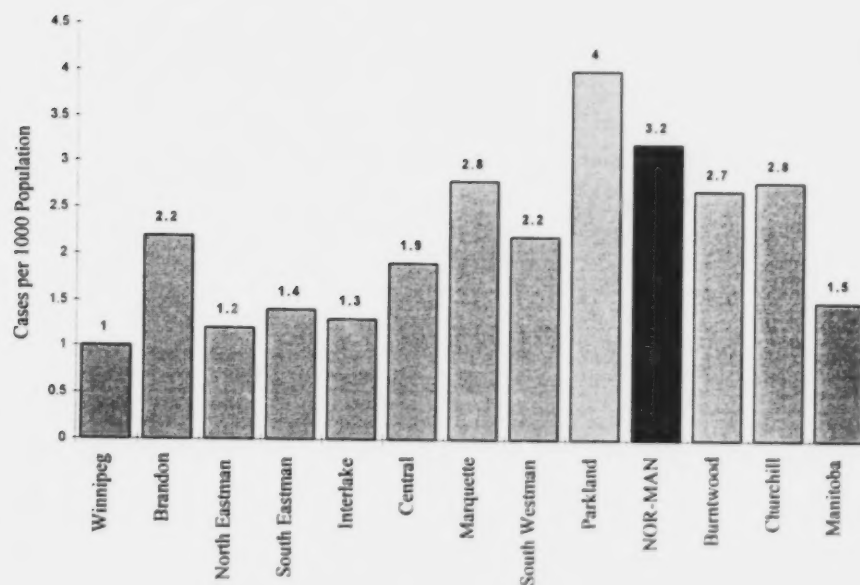
Figure 4.11
Hospitalizations due to Mental Disorders - 1996/97



Infections

The majority of the infections that were reported in 1996/97 occurred in children. Out of 81 admissions, 28 were due to viral infections. There were 8 cases of viral rashes. Most of the cases of viral rashes are preventable by immunization. There were 3 cases of tuberculosis in the NOR-MAN region in 1996/97. Overall, NOR-MAN ranked 2nd, after Parkland region, for hospital admissions due to infections. This comparison is presented in Figure 4.12.

Figure 4.12
Hospitalization due to Infections - 1996/97

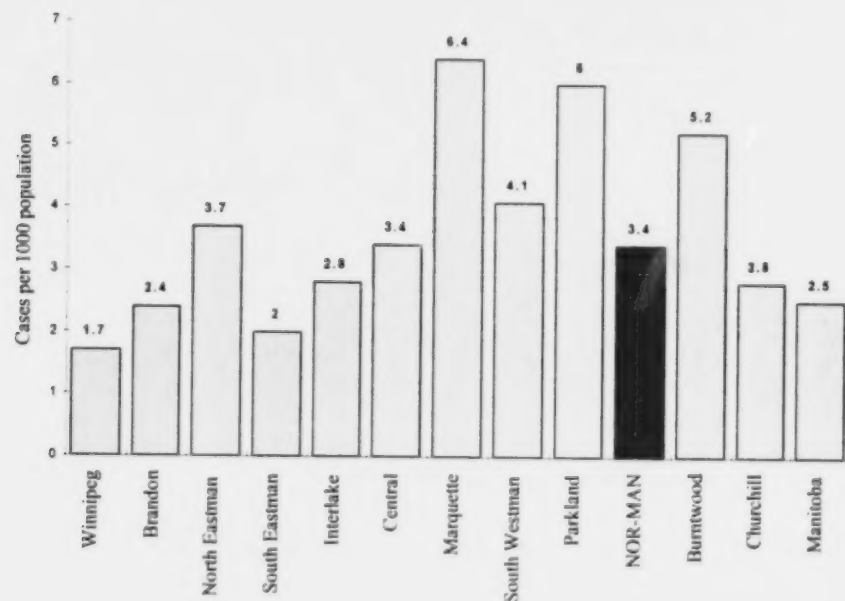


Metabolic and Immune Disorders

In 1996/97, there were 80 hospital admissions in the NOR-MAN region for metabolic and immune system disorders. Three quarters or 60 of these admissions were due to endocrine system disorders. Most of the endocrine disorders were diabetes cases. NOR-MAN ranked 6th in Manitoba with respect to hospitalizations due to these disorders (see Figure 4.13).

Figure 4.13

Hospitalization due to Metabolic & Immune Disorders - 1996/97

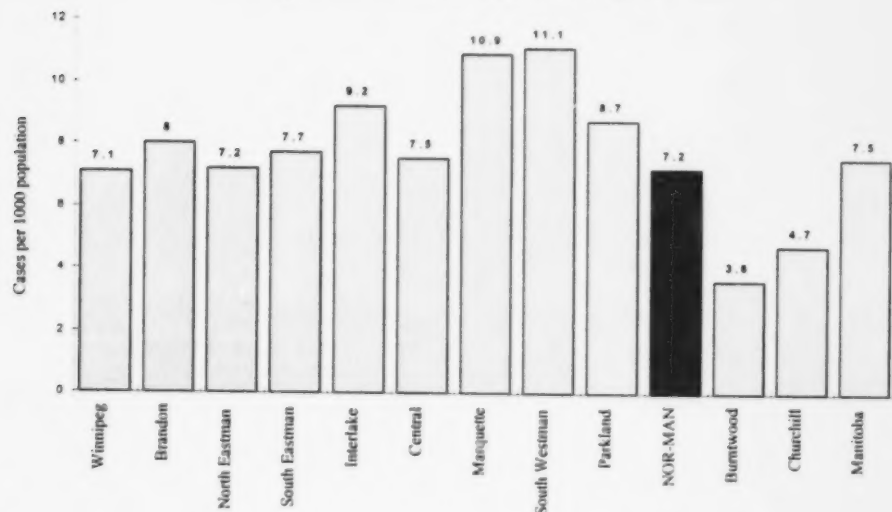


Cancers

There were 92 hospital admissions due to cancers in the NOR-MAN region in 1996/97. The majority (27%) of these was for cancers of the respiratory system. Sixteen of the 25 cases of respiratory system cancers were in Flin Flon General Hospital and 12 of these were males. Hospitalization for cancer was relatively low, compared to other regions in the province and to Manitoba as a whole. This comparison is presented in Figure 4.14.

Figure 4.14

Hospitalization due to Cancers - 1996/97



Chronic Illnesses

Certain chronic conditions may arise as a direct result of infections such as AIDS. Other conditions may develop as a sequelae of infections such as hearing loss due to measles or influenza. Conditions such as heart disease, certain cancers often have origins in childhood and adolescence. For example, breast cancer risk is related to age at menarche, although the disease process starts in older women. Certain chronic diseases of public health importance in the NOR-MAN region are considered below.

Cancer

Cancer is the second leading cause of death in the NOR-MAN region. Between 1990 and 1996, there were 810 new cancer cases diagnosed among NOR-MAN residents, 401 in males and 409 in females. The incidence rate (number of new cases) was 460/100,000 population in males and 492/100,000 in females. Breast cancer is the leading cause of cancer

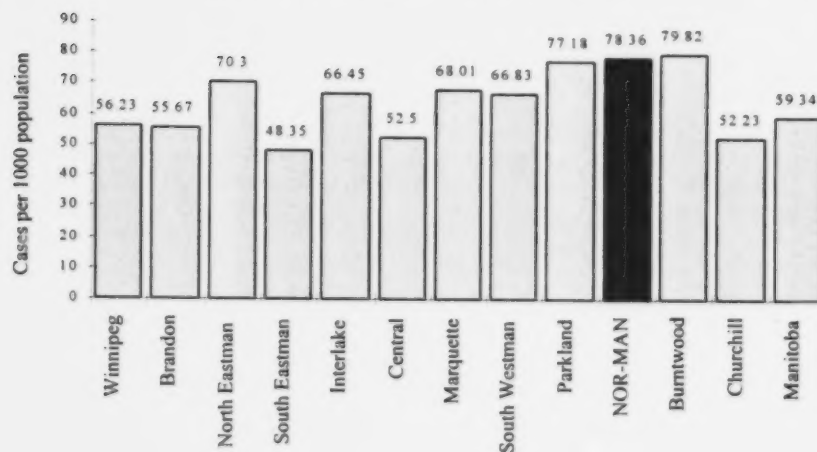
incidence in women followed by skin cancer, lung cancer and colon cancer. In males, skin cancer is the number one cause of cancer incidence, closely followed by cancer of the prostate gland and lung cancer. The prevalence rates of cancer in females (554/100,000) in the NOR-MAN region is almost double the cancer prevalence rate of 298/100,000 in males. This means that women survive longer after diagnoses of certain cancers than men.

Diabetes

Diabetes continues to be an important health problem for residents of the NOR-MAN region and particularly for Aboriginal people. According to a 1995 report in *The Prairie Medical Journal*, NOR-MAN region had the second highest incidence and prevalence rates for diabetes, after the Burntwood Region. As of March 31, 1994 there were a total of 1,089 cases of diabetes in adults over the age of 25 years. The prevalence rate of diabetes was 78.36 per 1,000 population. There were more cases of diabetes in females than males across all age groups. This is different from the provincial prevalence figures in which males have a higher rate of diabetes. Figure 4.15 shows the inter-regional comparisons of the prevalence of diabetes in adults.

Figure 4.15

Prevalence of Diabetes - March 31, 1994



The number of new cases of diabetes in adults age ≥ 25 years in the NOR-MAN region was 102 cases in 1993/94. The incidence rate of diabetes in adults was 7.34 per 1,000 population. The incidence of diabetes is the highest in females in the 45-54 year age group. A majority of the hospitalizations among Aboriginal people are due to the complications of diabetes.

Asthma

Asthma rates in the NOR-MAN region were 40.5 per 1,000 residents in 1996/97. These rates were lower than those of all other health regions within Manitoba. The rates are also lower than the provincial average rate of 62.2 per 1,000 population.

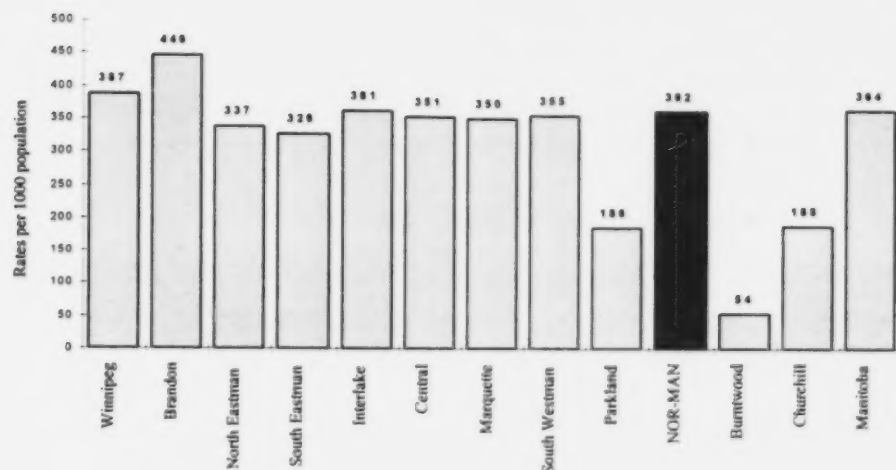
Asthma rates are highest among The Pas residents at 50.2 per 1,000 population, followed by 39.4 per 1,000 population in Flin Flon.

Preventive Health Measures

The use of accepted preventive health measures can contribute to the health of a region in specific areas; therefore, an examination of mammography and cervical cancer rates is a useful exercise. Mammography is used to screen women over the age of 50 to identify the presence of pre-cancerous and cancerous tissue in female breasts. Breast cancer has been the number one cause of cancer deaths among women until recently. If identified at earlier stages, as through mammography screening, the survival time can be increased. The mammography rate for women in the NOR-MAN region is 139 per 1,000 population. As the data in Figure 4.16 indicates during the period from April 1995 to March 1997, the mammography rate in the NOR-MAN region was close to the average mammography rate for Manitoba. Only Brandon and Winnipeg regions have rates higher than that of the NOR-MAN region.

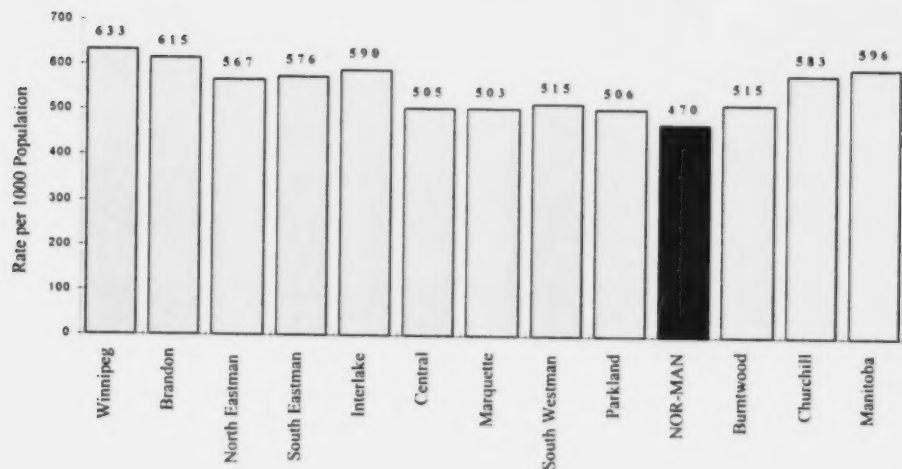
Figure 4.16

Mammography Rates for RHAs in Manitoba, April 1995-March 1997



Cervical cancer screening is another recommended preventive practice, and can be started when women become sexually active. Cervical cancer screening rate for NOR-MAN women was 470/1,000 females. The cervical cancer screening rate for women in the NOR-MAN region was the lowest in the province (see Figure 4.17). This rate is of concern to the Regional Health Authority, especially given standardized cancer rates for women, and is an area that has been targeted for improvement.

Figure 4.17
Cervical Cancer Screening Rates For Manitoba RHAs
April 1994 - March 1997



4.4 Mortality Rates

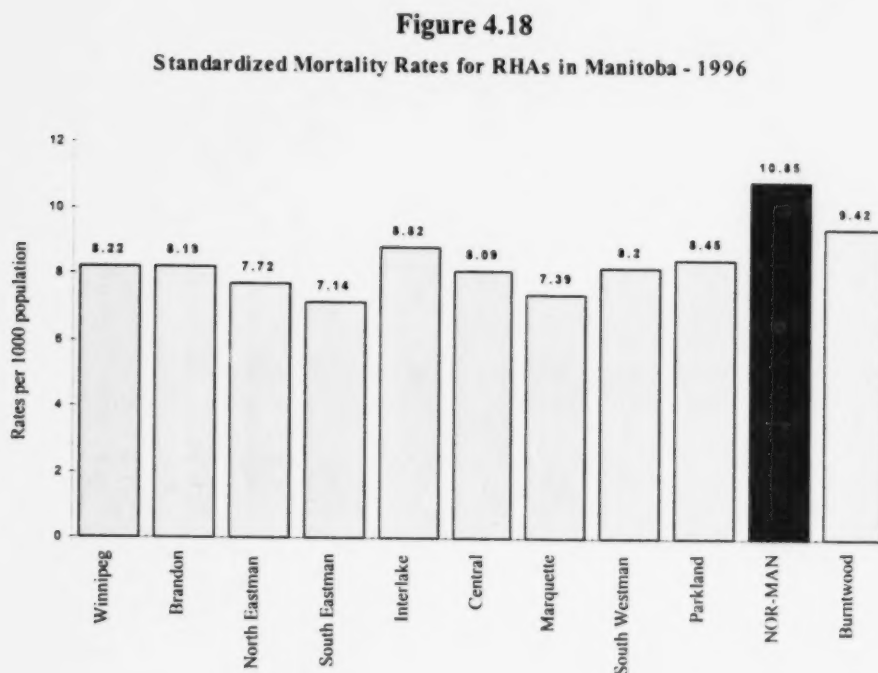
The main focus of population health services is to prevent premature death. Measures of mortality tell us both the likelihood of dying in any specific time interval and the expectation of survival. These measures include crude death rate, age specific, cause specific and gender specific death rates, standardized mortality rates and proportional rates. Difference in mortality rates may be determined by age, gender, race/ethnicity, geographical area, social and economic conditions and availability of health services. Thus, measures of mortality are an important indicator of the health of the population.

Death Rates

Diseases of the circulatory system are the leading cause of death in the NOR-MAN region, followed by cancer and diseases of the respiratory system. There were 163 deaths in the NOR-MAN region in 1996. Fifty-nine

or 36% of these were due to diseases of the circulatory system. Other deaths can be attributed to cancers, (41 or 25%) and 24 (15%) deaths due to diseases of the respiratory system (24 or 15%).

The standardized mortality rate (SMR) for the NOR-MAN region is the highest in the province. SMR implies what the mortality (death) rate would have been if the NOR-MAN population had the same age / sex distribution as the Manitoba population. The following chart shows the comparison of the SMRs for Manitoba health regions:



4.5 Summary

The information that was provided in this chapter was based on data provided by Manitoba Health. The Manitoba Health – Health Information Section data base summarizes information on hospital discharges, physicians visits and vital statistics.

Manitoba Health data indicates that the birth rate in the NOR-MAN region was higher than the provincial rate. The NOR-MAN birth rate was undoubtedly influenced by the birth rate in the First Nations communities, which was consistently higher than the provincial and regional averages. As a separate but related issue, the teenage pregnancy rate of 47/1,000 in the

NOR-MAN region was more than double the rate of 19.5/1,000 for the rest of the province.

The evidence suggests that low birth weight was not a problem in the NOR-MAN region, when our region was compared to the rest of the province. The high birth-weight rate in the NOR-MAN region was slightly higher than the Manitoba rate.

With respect to illnesses, people in the NOR-MAN region were hospitalized for reasons that were similar to other people in Manitoba, although in different proportions depending upon the presenting issue. NOR-MAN residents were more likely to be hospitalized for circulatory problems. NOR-MAN residents experienced a noticeably higher rate of hospitalization than other Manitobans for the following diagnostic categories: mental disorders, respiratory and digestive system diseases, pregnancy and childbirth, ill-defined conditions and injuries and poisonings.

Diabetes is a serious health issue in the NOR-MAN region, and particularly for Aboriginal people. Many of the hospitalizations of Aboriginal people were due to the complications of diabetes. The incidence of diabetes is the highest in females in the 45 - 54 year age group.

Preventive health practices are one way to reduce some of the above health problems. Mammography and cervical cancer screening are two practices that were examined as part of the needs assessment. While the mammography rate in the NOR-MAN region is comparable or exceeds that of most other health regions, our cervical cancer screening rate is very poor. The cervical cancer screening rate for women in the NOR-MAN region was the lowest in the province from April 1994 – March 1997.

Of primary significance, the standardized mortality rate for the NOR-MAN region is the highest in the province, when compared to other health regions. Diseases of the circulatory system are the leading causes of death in the NOR-MAN region, followed by cancers and diseases of the respiratory system.

CHAPTER 5

THE COMMUNITY SURVEY

5.1 Introduction

A key component of the NOR-MAN RHA Community Health Needs Assessment was a survey of the households in our region. This survey was aimed at identifying the health needs of people residing in communities located outside of The Pas, Opaskwayak Cree Nation and Flin Flon. These 3 larger communities were not included in the RHA Community Health Needs Assessment because their needs, and the needs of the people living in proximity to these larger centres, had recently been assessed in a study completed by the WESTARC Group Inc. This study was commissioned by the NOR-MAN Region Community Nurse Resource Centre (CNRC) Community Assessment Committee, as a precursor to the development of the CNRC proposal. Highlights from the CNRC needs assessment report are presented in a separate section of this chapter.

The communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First Nation, Moose Lake/Mosakahiken First Nation, Cormorant, Cranberry Portage, Sherridon/Cold Lake and Snow Lake were targeted for involvement in the NOR-MAN RHA survey process. Volunteers in these communities contributed their time and energy to support this RHA initiative. The results that were obtained reflect the benefits of the participatory approach to questionnaire design and data collection. This process included the following steps:

- Core questions were identified by the Regional Health Authorities in Manitoba, in consultation with Manitoba Health.
- The core questions were reviewed with local volunteers in each of the above communities, and revisions were made to the survey instrument.
- Questions of local interest were added to the questionnaire.
- Methods for distributing and retrieving the questionnaires were developed by the volunteers in each local community.
- In most communities, surveys were hand delivered to each household and dropped off in a convenient location.
- One person in each household was asked to assume responsibility for completing the survey questionnaire, although some questions required them to consult with other household members.

Of the 1,655 surveys that were distributed by community volunteers to individual households, 686 were returned. Regional and local response rates are summarized below in Table 5.1.

Table 5.1
Survey Response Rate

Community	#Distributed	# Returned	Response Rate (%)
Grand Rapids Grand Rapids FN	248	69	23.8
Easterville Chemawawin	259	45	17.4
Moose Lake Mosakahiken	182	106	58.2
Cormorant	130	31	23.8
Snow Lake	550	313	56.9
Cranberry Portage	250	90	36.0
Sherridon/Cold Lake	36	32	89.0
Total	1655	686	41.4

The survey questions focussed on issues that could not be addressed through a review of local, regional or provincial statistical information. The survey allowed the RHA to obtain impressions from people in the region, to assess perceived health needs and to explore perceived health status.

Due to the different interests and priorities of each local community, 7 different versions of the survey were developed. However, despite the differences among the questionnaires, core questions were raised consistently in all of the communities. This chapter presents the results from the core questions, and from some of the additional questions that were asked of at least half of the survey respondents. The community specific questions will be disseminated locally through the District Health Advisory Council structure.

5.2 The Survey Respondents

The people who completed the surveys were asked to provide limited information about their personal characteristics. Slightly more than half of the respondents were women (52.2%). Their ages varied considerably. More than half (56.8%) were under the age of 45. More than one quarter (26.7%) were in the 45-59 year old age bracket. Approximately 15% (15.8%) were 60 years of age and older. A detailed breakdown of respondents' ages is presented in Table 5.2.

Table 5.2
Ages of Survey Respondents

Age	# of Respondents	Percent
15-19	8	1.2
20-24	35	5.1
25-29	70	10.2
30-34	80	11.7
35-39	91	13.3
40-44	90	13.1
45-49	80	11.7
50-54	69	10.1
55-59	27	3.9
60-64	39	5.7
65-69	22	3.2
70-74	22	3.2
75-79	12	1.7
80-84	9	1.3
85+	5	.7
Missing	27	3.9

Respondents were also asked about their marital status. The majority (61.8%) of the respondents were married; 12.4% were single; 7.6% were widows or widowers; 8.7% were separated or divorced; and 7.7% indicated they were living in common law relationships. Five percent (5%) of the respondents did not identify themselves as being in one of these categories, and 1% did not respond to the question.

Although not asked of all respondents, 62.3% of the respondents were asked to indicate if they were parents, and if so how many children they had living with them. A majority (79.3%) of these individuals indicated that they were parents, and of this group (340 respondents), 9.4% were single parents. Most of the parents (52.8%) indicated they had children living with them. On average each parent had 2 children living with them. The number of children living with each parent ranged from a low of 0 to a high of 9 children.

Over half (52.6%) of the respondents had completed high school. The educational attainment of the survey respondents is summarized below in Table 5.3:

Table 5.3
Educational Attainment of Survey Respondents

Highest Level Completed	# of Respondents	Percent
None	18	2.6
Elementary school	66	9.6
High school	361	52.6
Post-secondary	191	27.8
Other	24	3.5
Missing	26	3.7

The core questions that were developed by the Manitoba Regional Health Authorities in consultation with Manitoba Health did not address the cultural backgrounds of the survey respondents. However, the NOR-MAN RHA introduced a core question on racial origin shortly after the survey process was initiated. Of the 427 survey respondents who had this question included on their questionnaire, 52.7% were Caucasian. Almost one quarter (23.2%) identified themselves as Aboriginal. Of the 23.2% of the respondents who identified themselves as Aboriginal, 59% identified themselves as members of a First Nation. Nine percent (8.9%) of the respondents indicated they were

Metis; 10.9% indicated they belonged to "other" racial groups. The question was not answered by the remaining 8% of the respondents.

One of the core questions addressed the language that was spoken the most often in the home. Over 80% of the respondents (81.5%) indicated that English was most frequently spoken in their home; 13.8% indicated that Cree was most frequently spoken; and 3.5% indicated that French was most frequently spoken. One person (.1%) indicated that an "other" language was most frequently spoken in their home, and 1% of the respondents did not answer the question.

One question addressed household income. At the request of the community volunteers who participated in this process, this question was asked in different ways in different communities. In Cormorant, Easterville/Chemawawin, Grand Rapids/Grand Rapids First Nation and Snow Lake the question specifically asked respondents to supply their gross income. In Cranberry Portage and Sherridon/Cold Lake the focus was on household income, and in Moose Lake/Mosakahiken the question asked about family income. Tables 5.4, 5.5, and 5.6 summarize the data from these 3 groups of respondents.

Table 5.4
Gross Income: Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin,
Cormorant, Snow Lake
Number of Respondents (Percent of Respondents)

Income in Dollars	Grand Rapids, Grand Rapids First Nation		Easterville, Chemawawin		Cormorant		Snow Lake		Total 4 Communities	
	#	%	#	%	#	%	#	%	#	%
Under 5,000	4	5.8	10	22.2	2	6.5	0		16	3.5
5,000 - 11,999	3	4.3	11	24.4	15	48.4	15	4.8	44	9.6
12,000 - 24,999	12	17.4	10	22.2	5	16.1	28	8.9	55	12
25,000-49,999	16	23.3	3	6.7	3	9.7	97	31	119	26
50,000-74,999	21	30.4	2	4.4	1	3.2	92	29.4	116	25.3
75,000 and over	3	4.3	0		0		30	9.6	33	7.2
Missing	10	14.4	9	20	5	16.2	51	16	75	16.3

Table 5.5
Household Income: Cranberry Portage and Sherridon/Cold Lake
Number of Respondents (Percent of Respondents)

Income in Dollars	Cranberry Portage		Sherridon/Cold Lake		Total: 2 Communities	
	#	%	#	%	#	%
Under 5,000	0		0		0	
5,000 - 11,999	9	10	17	53.1	26	21.3
12,000 -24,999	9	10	7	21.9	16	13.1
25,000 - 49,999	32	35.6	2	6.3	34	27.9
50,000 - 74,999	13	14.4	2	6.3	13	10.7
75,000 and over	11	12.2	2	6.3	13	10.7
Missing	5	5.6	4	12.6	20	16.4

Table 5.6
Family Income: Moose Lake, Mosakahiken
Number of Respondents (Percent of Respondents)

Income in Dollars		Moose Lake, Mosakahiken
	#	%
Under 5,000	0	
5,000 - 11,999	36	34
12,000 - 24,999	23	21.7
25,000 - 49,999	9	8.5
50,000 - 74,999	1	0.9
75,000 and over	0	
Missing	37	34.9

The median, or middle-most, income categories for all 7 communities are presented below in Table 5.7. While the differences that are presented may be a function of the wording of the income question, this comparison still has merit in that it draws attention to the need to separately examine the health determinants of each community, as well as look at them from a regional perspective.

Table 5.7
Median Reported Income
By Community

Community	Median Reported Income (Dollars)
Grand Rapids/Grand Rapids First Nation	25,000 - 49,000
Easterville/Chemawawin First Nation	25,000 - 49,000
Moose Lake/Mosakahiken First Nation	12,000 - 24,999
Cormorant	5,000 - 11,999
Snow Lake	50,000 - 74,999
Cranberry Portage	25,000 - 49,000
Sherridon/Cold Lake	5,000 - 11,999

The above information suggests that the communities of Cormorant and Sherridon/Cold Lake may be at highest risk of experiencing health problems, when income alone is considered. Similarly, income alone does not appear to place Snow Lake residents at risk from a health perspective.

5.3 Results: Core Questions

Perceived Availability and Quality of Services

People from the 7 communities were asked to comment on the overall quality and availability of health care services. Almost half (49.5%) of the respondents indicated that the availability of services was good and 5.1% indicated it was excellent. Despite these favourable comments, 27% reported that the availability of health care services was poor. The remainder was not sure (2.8%), or was not asked the question (15.6%).

Specific questions pertaining to the accessibility of primary health care services were added to the questionnaires in the communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin, Cormorant, Cranberry Portage, Snow Lake and Sherridon/Cold Lake. Survey respondents were first asked if they owned an automobile, and then were asked if they were able to drive themselves to a doctor's office or a related health care service. More than 80% (83.2%) of the respondents indicated that they owned an automobile. Almost as many (76.6%) indicated they could drive themselves to access primary health care services. Those who were unable to drive themselves relied most frequently on family members and friends (11.1%) and taxi services (5.5%).

Respondents in all of the 686 households were asked to comment on the quality of existing health services for people their age in their community. Their responses are summarized in Table 5.8.

Table 5.8
Quality of Existing Health Care Services

Quality of Services	Respondents	
	#	%
Excellent	42	6.1
Very Good	34	5
Good	400	58.3
Fair	15	2.2
Poor	153	22.3
Missing	42	6.1

The information that is summarized above suggests that over two thirds of the respondents were satisfied with the quality of existing health care services. However, almost one quarter indicated that services were of fair or poor quality.

Perceived Health Status

People who completed the questionnaire on behalf of the 686 households were asked to rate their own health on a 5 point scale that ranged from poor to excellent. The majority (541 people or 78.8%) rated their own health as good, very good, or excellent. Of the remaining 145 respondents, 112

(16.3%) rated their health as fair and 18 (2.6%) rated it as poor. Fifteen people (2.2%) did not respond to the question. Respondents were also asked to review a comprehensive list of health concerns and health determinants, and indicate if any of the problems on the list were currently affecting them or a member of their family. Table 5.9 presents the results that were obtained in response to this question.

Table 5.9
Health Problems and Determinants

Health Problem or Determinant	#	%
Stress	217	31.6
Arthritis	159	23.2
Financial	141	20.6
High blood pressure	117	17.1
High cholesterol	101	14.7
Gastrointestinal problems	100	14.6
Asthma	94	13.7
Loneliness	93	13.6
Diabetes	87	12.7
Anxiety	83	12.1
Alcohol	81	11.8
Depression/feeling sad	81	11.8
Mobility/walking problems	81	11.8
Low self-esteem	75	10.9
Gambling	61	6.9
Heart disease/stroke	53	7.7
Cancer	52	7.6
Marital	52	7.6
Drug abuse	41	6
Caring for elderly family member	35	5.1
Sexual abuse	32	4.7
Chronic lung disease	29	4.2
Other health problem	24	3.5
Alzheimers	22	3.2
Chronic mental health problems	22	3.2
Physical abuse	10	1.5

Although the majority of the respondents perceived their own health to be good, very good or excellent, they were able to identify a number of health concerns that they themselves experienced, or that were experienced by members of their households. The information obtained from the 686 households indicates that stress was the most common problem experienced by survey respondents and their families, followed by arthritis and financial concerns.

The problems that were listed in the previous Table can be grouped in categories to add to our understanding of the challenges facing the residents of our region. An analysis by problem category is provided in Table 5.10.

Table 5.10
Health Problems by Category

Category	Type of Problem	Respondents:	
		#	% of category
Physical Health Problems	Arthritis	159	18.2
	High blood pressure	117	13.4
	High cholesterol	101	11.6
	Gastrointestinal	100	11.5
	Asthma	94	10.8
	Diabetes	87	9.9
	Poor Mobility	81	9.3
	Heart disease/stroke	53	6.1
	Cancer	52	5.9
	Lung disease	29	3.3
Mental Health Problems	Stress	217	38.0
	Loneliness	93	16.3
	Anxiety	83	14.5
	Depression	81	14.2
	Low self-esteem	75	13.1
	Chronic mental illness	22	3.9
Financial Problems	Financial	141	100.0
Social Problems	Alcohol abuse	81	29.2
	Gambling	61	22.0
	Marital problems	52	18.8
	Drug abuse	41	14.8
	Sexual abuse	32	11.6
	Physical abuse	10	3.6

Arthritis, high blood pressure and gastrointestinal disorders were reported as the 3 most common health problems experienced by survey respondents and members of their households. Stress was the most significant mental health problem, and was experienced by over one third of the respondents and/or their families. Alcohol abuse affected slightly less than one third of the respondents and/or their families. Gambling, which has only recently come to the attention of health care professionals as a major concern, was a problem for almost one quarter of the respondents and/or their families.

The results from the survey indicate that the above problems vary from community to community. Table 5.11 lists the 3 most frequently mentioned problems in each of the 7 communities.

Table 5.11
Most Frequently Mentioned Problem
By Community

Community	Type of Problem	Respondents	
		#	%
Grand Rapids/Grand Rapids First Nation	Stress	34	49.3
	Financial	19	27.5
	High blood pressure	18	26.1
Easterville/Chemawawin	High blood pressure	14	31.1
	Gambling	14	31.1
	Alcohol abuse	13	28.9
Moose Lake/Mosakahiken First Nation	Cancer	30	28.3
	Stress	23	21.7
	Financial	22	20.8
Cormorant	Arthritis	13	41.9
	Stress	12	38.7
	Financial	12	38.7
Snow Lake	Stress	93	29.7
	Arthritis	72	23.0
	Cholesterol	44	14.1
Cranberry Portage	Stress	29	32.2
	Gastrointestinal	27	30.0
	Arthritis	26	28.9
Sherridon/Cold Lake	Stress	15	46.9
	Financial	15	46.9
	Arthritis	14	43.8

The separate analysis demonstrates the unique aspects of each community. Although stress was identified as one of the 3 most frequently mentioned problems in most communities, a different configuration is evident in Easterville/Chemawawin. Respondents from this community identified high blood pressure, alcohol abuse and gambling more frequently than stress and other health related problems. Cranberry Portage respondents perceived gastrointestinal problems to be common in their respective households. Almost one third of the respondents from this community indicated that gastrointestinal problems affected them and/or a member of their household. A significant number of the Moose Lake/Mosakahiken First Nation respondents indicated that cancer was a problem that affected them and/or a member of their household. This finding is surprising, and additional information needs to be obtained in this area. To our knowledge a separate analysis pertaining to the prevalence of cancers in the remote communities of our region has not been conducted.

Additional questions were included in the survey to explore the mental well-being of survey respondents. Respondents were asked to rate their mental health status, compared to other people their age. Almost two-thirds (416 respondents or 64.2%) of the 648 people who answered this question indicated that their mental health was excellent or very good. Over one quarter (177; 27.3%) indicated their mental health was good. The remainder rated their mental health as fair (47; 7.3%) or poor (8; 1.2%).

Although people may experience specific health problems, the impact of these problems on their day-to-day lives may vary from significant to non-existent. Respondents were asked to provide details about the extent to which they missed work, or were unable to carry out normal activities as a result of ill health. Specifically, respondents were asked:

How many days out of the past 30 were you totally unable to work or carry out your normal activities?

How many days out of the past 30 did it take an extreme effort to perform to your usual level at work or at your normal daily activities?

How many days out of the past 30 ... did you have to cut down on what you did or not get as much done as usual?

There was considerable variation in the answers that were given in response to the above questions. Of the 647 respondents who answered the first question, 61.5% indicated that they were able to work and carry out their normal activities during the past 30 days. The remainder missed from 1 to 30 days of work or were unable to perform their normal activities during this

time period. On average, these respondents were incapacitated for 8.4 days in the past 30. Twenty-one (8.4%) respondents were unable to work or engage in their daily activities for the entire 30-day period.

Eighty-two (11.9%) of the respondents performed their daily activities, including work, with extreme effort in the 30 day period preceding administration of the survey. These individuals indicated that they had difficulty performing their daily activities for an average of 11.8 days during the past 30-day period. The range of responses was from 1 to 30 days. Seventeen (20.7%) of these individuals had extreme difficulty for the entire 30 day period.

Over one quarter (189 or 27.55%) of the respondents indicated that they had to cut down on their normal daily activities, including their work during the past 30-day period. The number of days that their productivity was affected ranged from 1 to 30 days. The average number of days during which they had to cut down was 8.7 days. Twenty-seven (14.2%) of the respondents were affected for the entire 30 day period.

The above information indicates that a small proportion of the sample was severely or marginally affected by ill health during the 30-day period that preceded administration of the survey. In these cases, ill health had a noticeable impact on their lives, and potentially the lives of members of their households.

Environmental Issues Affecting Communities

One of the important determinants of good health is the environment in which we live. The survey addressed environmental concerns in communities in the NOR-MAN region. Respondents were asked a series of questions about their environment. The questions, and their responses are highlighted below:

Do you see environmental pollution as a problem in your community?

- 315 (45.9%) of the 686 people who responded said "yes".

If yes, what kind of pollution do you see as a problem?

- 33.2% of the respondents said water pollution was a problem. Of significant concern, 54 respondents, or 7.9% of the total sample, indicated that they did not have running water.
- air pollution was seen as a problem by 19.5% of the people who responded.
- 12.4% reported that soil pollution was a problem

- 9.2% indicated that noise pollution was a problem.

Would you say that environmental pollution has affected [the] health [of people] in your community?

- 602 people answered this question
- 27.1% of the respondents indicated that it had no effect; 37.5% felt it did not have much of an effect
- 21.4% of the respondents indicated that pollution had a "fair amount" of an effect on health in their community
- 9.6% believed that pollution had a significant effect on the health of people in their community.

An additional question on waste management was asked of people living in Cormorant, Cranberry Portage, Easterville/Chemawawin, Grand Rapids/Grand Rapids First Nation, Sherridon/Cold Lake and Snow Lake:

Does your community have adequate waste management?

Only 2/3 (67.9%) of the respondents from these 6 communities believed that they had adequate waste management systems. When a community by community analysis is done, waste management appears to be a more serious problem in Easterville/Chemawawin, Grand Rapids/Grand Rapids First Nation and Snow Lake. In these communities, only 47.7%, 54.7% and 59% respectively were satisfied with their waste management systems.

The above information suggests that many residents of the 7 communities have concerns about the quality of the environment in which they live. When asked directly, 2 in 10 residents, or 20%, identified pollution as a problem that has a negative effect on the health of their community.

Community Safety

Two questions in the survey specifically addressed community safety. The first question asked respondents if they considered their community to be safe from violence. The second specifically addressed family violence, and asked respondents if they believed family violence was a problem in their community.

The survey respondents were evenly split as to whether or not they considered their community to be safe from violence: 48.4% believed violence was an issue and 51.6% believed it was not of concern in their community. With respect to family violence, the response was similar: 46.2% of the respondents saw family violence as a problem in their

community and 53.8% believed that it was not an issue. Table 5.12 presents the results for each of the 7 communities in response to these 2 questions.

Table 5.12
Community Safety

Community	Do you consider your community to be safe from violence?		Do you consider family violence to be a problem in your community?	
	Yes #	No %	Yes #	No %
Grand Rapids/Grand Rapids First Nation	15	22.1	53	77.9
Easterville/ Chemawawin First Nation	7	16.7	35	83.3
Moose Lake/ Mosakahiken First Nation	15	16.9	74	83.1
Cormorant	18	58.1	13	41.9
Snow Lake	223	73.1	82	26.9
Cranberry Portage	44	49.4	45	50.6
Sherridon/Cold Lake	16	50.0	15	48.4
NOR-MAN Region	338	51.6	317	48.4
			272	46.2
			14	48.3
			207	74.7
			29	39.7
			11	37.9
			18	62.1
			317	53.8

The community by community analysis reveals that both community safety and family violence are believed to be social problems in the communities of Grand Rapids/Grand Rapids First Nation and Easterville/Chemawawin First Nation. Further, community safety is viewed as a problem in Moose Lake/Mosakahiken First Nation. Of interest family violence, while still viewed as a problem by 59% of the Moose Lake/Mosakahiken respondents, is viewed as less of a problem than in the other First Nations and non-First Nations communities. Moose Lake/Mosakahiken has made a concerted effort to address this issue, and it appears that community residents have acknowledged these efforts in their responses.

Healthy Lifestyles

People are able to have a positive impact on their own health status by eating well, getting enough exercise and taking action to prevent unnecessary accidents from occurring. The extent to which residents of the NOR-MAN region engage in these behaviours was the focus of several survey questions.

Survey respondents were asked what they do to follow a healthy diet. Their responses are summarized in Table 5.13.

Table 5.13
Healthy Eating Behaviours

Activity	Yes	
	Frequency	%
Eating balanced meals/variety of foods	364	53.1
Eating at regular intervals	282	41.1
Eating breakfast	271	39.5
Eating lower-fat foods	233	34.0
Eating more vegetables and fruits	322	46.9
Eating more grain products	201	29.3
Cutting back on sweet foods	233	34.0
Nothing	63	9.2
Other	25	3.6

It is apparent that many of the respondents are taking steps to eat healthy meals and exhibit healthy eating patterns. However, there remains room for improvement. Given the above responses, it is not surprising that many respondents identified themselves as overweight (318 respondents or 46.4%).

The ability to eat in a healthy manner is obviously affected by the availability and cost of nutritious food. In the communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First Nation, Cormorant, Snow Lake, Cranberry Portage and Sherridon/Cold Lake, respondents were asked to comment on these 2 areas. Only 64.9% of the respondents from these 6 communities believed that sufficient nutritious foods were available to them. Over half (55.8%) reported that they were unable to purchase food at a reasonable cost in their community. The responses from each of the 6 communities to these issues is summarized below:

Table 5.14
Availability and Cost of Food

Community	Enough nutritious food available?		Food at a reasonable cost?	
	Yes # (%)	No # (%)	Yes # (%)	No # (%)
Grand Rapids/Grand Rapids First Nation	16 24.2	50 78.3	6 10.2	53 89.8
Easterville/Chemawawin	19 44.2	24 55.8	4 9.5	38 90.5
Cormorant	3 10.3	26 89.6	2 6.9	27 93.1
Snow Lake	225 74.7	76 25.2	161 53.8	138 46.1
Cranberry Portage	76 91.6	7 8.4	59 71.9	23 28.1
Sherridon/Cold Lake	19 63.3	11 36.6	7 22.5	24 77.4

As the above Table indicates, there was considerable variation in the opinions of respondents from the different communities. In Cranberry Portage and Snow Lake, the majority of respondents were satisfied with the availability and cost of food. In the other communities, the majority was dissatisfied with both of these areas.

In addition to eating a balanced diet, regular exercise is one way of improving people's physical well-being. When respondents were asked if they got

enough exercise, 51.9% indicated that they did. Respondents were asked about the types of activities that they engaged in. The most common activities were walking (509 respondents; 74.2%); gardening (340; 49.6%); fishing (231; 33.7%); home exercises (164; 23.9%); swimming (143; 20.8%); bicycling (151; 22%); and golfing (126; 18.4).

Personal safety practices also impact on health status, and have been proven to reduce the potential for personal injury. In this regard, respondents were asked about the use of bicycle helmets, seat belts and child restraints, and smoke detectors. The extent to which they engage in safety practices is summarized below.

If bicycling was indicated as an activity, when riding a bicycle how often did you wear a helmet?

Of the 299 respondents who rode bicycles and who answered the question, 241 (80.6%) never wore a bicycle helmet. Twenty-six (8.6%) sometimes wore a helmet, and 32 (10.7%) always wore a helmet.

When driving or riding in a car, how often do you use a seat belt?

A total of 639 respondents answered this question. Of these respondents, 456 (71.4%) indicated that they always wear a seat belt; 148 (23.2%) sometimes wear a seat belt; and 35 (5.5%) never wear a seat belt.

In your home, do you have working smoke detectors?

Of the 575 respondents who answered this question, 499 (86.7%) indicated that they did have working smoke detectors.

At Risk Behaviours

Specific behaviours are known to pose risks to the health of individuals. Included among these behaviours is the excessive use of alcohol and smoking. Survey respondents were asked if they had consumed alcohol in the past 3 months, and then were asked about the average amount they consumed in any one day. The responses indicate that two-thirds (66%) of the sample had had a drink of beer, wine or liquor in the past 3 months. Of these individuals, in a typical day they consumed from 1 to 36 drinks. The most frequently mentioned number of drinks consumed in a typical day was 2 drinks. On average, respondents consumed an average of 4.4 drinks.

Given the considerable variation in people's responses to this question, it is helpful to group the answers into categories. This information is provided in Table 5.15:

Table 5.15
Number of Drinks Per Day (N=427)

Number of Drinks Per Day	Respondents	
	#	%
1-2	206	48.2
3-5	103	24.1
6-10	90	21.0
Over 10	28	6.5

Alcohol consumption has the potential to place others at risk, in addition to posing a health concern for the individual drinker. Respondents were asked if, during the past month, they had driven within 2 hours of drinking any amount of alcohol, and were then asked how many times they engaged in this behaviour. Seventy-five (10.9%) people from the 686 households indicated that they had driven within 2 hours of drinking alcohol. Forty-two (53.8%) respondents admitted that this had happened on more than one occasion.

The negative impact of smoking on individuals and those living in their environment is well documented. Five separate survey questions addressed this behaviour. The questions that were posed, and the responses to these questions are summarized below:

Have you ever smoked cigarettes, cigars, or a pipe?

- 406 (72.2%) of the 558 people who responded to this question said "yes"

At the present time do you smoke cigarettes, cigars or pipes?

- 283 (52.8%) of the 535 people who responded to this question said "yes".

If you smoke cigarettes, how many cigarettes do you smoke per day?

- People's responses varied from 1-50 cigarettes per day. The largest number of respondents indicated that they smoked 15 or 20 cigarettes per day. The average number of cigarettes smoked per day was 17.

If you smoke cigarettes, would you like to quit?

- Only 279 people answered this question. Of these individuals, 71.3% indicated that they would like to quit smoking.

Does any other member of your household smoke?

- 292 (44%) respondents from 660 households indicated that other members of their household smoked.

An additional question was posed to people living in 581 households in our region regarding the use of snuff. Of those people who answered the question, snuff was used in 24 (4.8%) of the households.

It is evident from the information on smoking that this continues to be a serious concern in the NOR-MAN region. This is particularly significant given the recent emphasis on tobacco reduction programming.

Drug abuse was also explored in this survey in two areas. As was noted earlier in this section, respondents were asked if drug abuse was a problem for them or for a member of their household. When asked this question, 41 or 14.8% of the 686 survey respondents indicated that it was a problem. Drug abuse was also explored in a general way later in the questionnaire. Respondents were asked to indicate if they perceived street drugs to be a problem in their community. Of the 552 people who responded to this question, 310 or 56.1% identified it as a problem.

As a separate, but related issue, gambling was addressed by asking respondents if they, or a member of their household, engaged in this behaviour. The people living in 61 (8.9%) of the 686 households indicated that they gambled. The communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin and Snow Lake expressed interest in learning more about the gambling behaviour of their residents. Questions about gambling were addressed by members of 428 households in these communities. Gambling in Grand Rapids/Grand Rapids First Nation is most likely to involve the use of VLTs (27 people or 39.1% of the community sample), followed by the purchase of lottery tickets (24 people or 34.8% of the sample). In Easterville/Chemawawin, bingo was the most frequent gambling related activity of the residents of this community (32 people or 71.1% of the community sample), followed by the use of VLTs (17 people or 37.8% of the sample). In Snow Lake, the largest group of people purchased lottery tickets (142 people or 45.4% of the community sample), followed by the use of VLTs (69 people or 22% of the community sample).

5.4 Results: Special Interest Questions

With the exception of the community of Moose Lake/Mosakahiken, which was the first community to distribute their survey, the remaining 6 communities added additional questions to their survey that were of local interest. These questions solicited the opinion of local residents on issues such as housing, recreation and social activities, and the ability of people to get around easily in the community.

Housing

Respondents in the 6 communities were asked a series of questions about local housing options. These questions, and the responses that were provided are summarized as follows:

Does your community have enough affordable housing?

Slightly more than one third (37.2) of the 561 people who answered this question indicated that there was enough affordable housing in their communities. Forty-four percent (247 people or 44%) indicated that there was not enough affordable housing, and 18.7% were unsure as to its availability in their community.

In some communities, the overwhelming majority indicated that there was not enough affordable housing for residents. These communities included Cormorant (92.3%), Easterville/Chemawawin (82.5%), Grand Rapids/Grand Rapids First Nation, (58.4%), and Sherridon/Cold Lake (70.9%).

Does your community have enough housing for seniors?

The majority of the respondents (52.6%) indicated that there was not enough housing for seniors in their communities. With the exception of Cranberry Portage respondents, the largest number of whom felt that there was enough senior housing in their community (36 respondents or 42.9%), the majority of the respondents in the other communities identified senior housing as a problem.

Does your community have enough low-rental housing?

The majority of respondents (51.4%) did not think that there was sufficient low-rental housing in their community. The lack of low-rental housing was most frequently said to be a problem in the communities of Cormorant (76.6%), Easterville/Chemawawin (60.5%), and Sherridon/Cold Lake (64.5%).

Does your community have enough single family housing?

Two thirds (287 or 66.7%) of the 430 respondents indicated that there was not enough single family housing in their community. The majority of the respondents in most communities identified the shortage of single family housing as problematic. The exception was the group of respondents from Snow Lake, only 37.7% of whom felt that there was not enough single family housing in their community.

Generally are the houses and apartments in a state of good repair?

The largest number of respondents (240 or 42.7%) thought that the houses and apartments in their communities were in a state of good repair; 189 (33.7%) thought that they were not; and 132 (23.5%) indicated that they were undecided. Again there was variation in the patterns that emerged in different communities. In the communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin, Cormorant and Sherridon/Cold Lake, respondents were more likely than those in Cranberry Portage and Snow Lake to believe that the houses in their communities were not in a state of good repair.

Recreation and Social Activities

The respondents were asked if there were enough opportunities for recreation and social activities in their communities. With respect to recreation, the responses were split fairly evenly between the "yes" and "no" options. This pattern also was evident in response to the question on social activities.

A community by community analysis added to our understanding of these issues. The results of this analysis is presented in Table 5.16 below:

Table 5.16
Recreation and Social Activities

Community	Enough recreation available?		Enough opportunities for social activities?	
	Yes # (%)	No # (%)	Yes # (%)	No # (%)
Grand Rapids/Grand Rapids First Nation	9 14.2	54 85.7	10 16.1	52 83.9
Easterville/ Chemawawin	8 21.1	30 78.9	5 12.8	34 87.2
Cormorant	13 52	12 48	10 52.6	9 47.3
Snow Lake	181 63.3	105 36.7	159 60	106 40
Cranberry Portage	35 43.7	45 56.3	29 38.6	46 61.3
Sherridon/Cold Lake	13 50	13 50	18 62	11 37.9

It is evident from the above table that there was considerable consensus regarding the lack of opportunities for recreation and social activities in the communities of Easterville/Chemawawin and Grand Rapids/Grand Rapids First Nation.

As a related issue, respondents were asked if the religious and spiritual resources in their community were adequate. Of the 553 people who responded to this question, 70% indicated that they were adequate. While the "yes" response was predominant in most communities, there were a few exceptions. Only 12 (41.3%) of the 29 respondents in Cormorant; 15 (34%) of the 44 respondents in Easterville/Chemawawin; and 2 (6.6%) of the 30 respondents from Sherridon/Cold Lake believed that they were adequate.

Mobility

Mobility was addressed earlier in this section, as part of the discussion of health problems experienced by survey respondents and their families. Mobility concerns were also explored in a different way through the inclusion of a separate question that asked "*Are residents of your community able to get around easily with strollers, walkers and wheel chairs?*" Less than half of the 558 people who answered this question (269 or 48.2%) thought that residents of their community were able to get around easily. Over one-third

(35.4%) believed they could not get around easily, and 16.3% were unable to comment on this matter. Mobility was viewed as a problem by the majority of respondents in the communities of Cormorant (55.7%), Easterville/Chemawawin (77.2%), and Grand Rapids/Grand Rapids First Nation (62%).

5.5 Highlights from the WESTARC Survey: Flin Flon, The Pas, and The Opaskwayak Cree Nation

So far, the focus of this chapter has been on the results obtained from a survey conducted by the NOR-MAN RHA in the communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First Nation, Moose Lake/Mosakahiken First Nation, Cormorant, Snow Lake, Cranberry Portage and Sherridon/Cold Lake. As was noted in the introductory comments, the decision to include these communities in the study was based on the fact that a needs assessment had been conducted in the communities of Flin Flon, The Pas, Opaskwayak Cree Nation (OCN) and the areas surrounding these larger centres. This section of the report presents some of the key findings from this study, which was conducted by the WESTARC Group Inc. of Brandon University.

The WESTARC research team conducted surveys in shopping malls, department and grocery stores, and other central locations during the months of October and November 1996. A total of 374 surveys were conducted in the Flin Flon area and 370 were conducted in The Pas area. Of those surveys conducted in The Pas area, 38 were completed with residents of OCN. With the exception of a section of the report that addresses health priorities, the responses that are presented by WESTARC divide respondents into "Flin Flon" and "The Pas" categories. The Flin Flon category includes residents living in the town of Flin Flon, Big Island Lake, Sourdough Bay, Bakers Narrows, Sally's Beach and other Manitoba residents who receive their health care services in Flin Flon. The The Pas category includes residents of the Town of The Pas, OCN, Rall's Island, Umperville, Clearwater Lake, Carrot Valley, Big Eddy and other residents receiving their health care services in the town of The Pas or at OCN.

The age distribution of survey respondents was similar to that of the people who completed the NOR-MAN RHA survey. Slightly more youth and fewer people 65 years of age and older completed the WESTARC survey, as compared to the people who completed the NOR-MAN RHA survey.

The WESTARC survey was more likely to be completed by a woman than the NOR-MAN survey. Sixty-three percent (63%) of the WESTARC Flin Flon respondents and 64% of the WESTARC The Pas respondents, which included OCN, were women. Slightly more than half (52.2%) of the NOR-MAN RHA respondents were women.

Only 11% of the WESTARC Flin Flon respondents and 34% of the The Pas respondents were Aboriginal. This compares to 32% of the NOR-MAN sample.

The WESTARC research team asked survey respondents to describe their own health status. Their responses are summarized below in Table 5.17.

Table 5.17
Health Status

Health Status	Flin Flon Respondents		The Pas Respondents	
	#	%	#	%
Excellent	72	19.4	50	13.5
Very Good	151	40.7	114	30.8
Good	112	30.2	149	40.3
Fair	29	7.8	40	10.8
Poor	7	1.9	12	3.2
Total	371	100.0	365	100.0

It is interesting to compare these ratings to those provided by the NOR-MAN RHA study. Over three quarters (78.8%) of the people who completed the RHA study rated their health as good, very good or excellent compared to 90.3% (Flin Flon) and 84% (The Pas) of the WESTARC respondents. Sixteen percent (16.3%) in the RHA sample rated it as fair, compared to 7.8% (Flin Flon) and 10.8% (The Pas) of the WESTARC respondents. Similar numbers of people in both studies rated their health as poor (1.9% Flin Flon; 3.2% The Pas; and 2.6% NOR-MAN).

The WESTARC study asked respondents to indicate if they experienced specific health problems that varied in terms of severity and potential impact. The tables produced by WESTARC for the Flin Flon and The Pas respondents are combined into Table 5.18 below:

Table 5.18
Individual Health Conditions

Health Condition	Flin Flon Responses		The Pas Responses	
	#	%	#	%
Back problems	106	28.3	108	29.0
Arthritis or rheumatism	88	23.5	112	30.0
Skin or other allergies	72	19.3	95	26.0
Recurring migraines	55	14.7	61	17.0
Women's health problems	47	12.6	51	14.0
Digestive problems	45	12.0	45	12.0
Asthma/breathing problems	43	11.5	61	17.0
Hearing problems	42	11.2	50	14.0
High blood pressure	41	11.0	46	12.0
High cholesterol	41	11.0	42	11.0
Eye problems (other than glasses)	37	9.9	40	11.0
Diabetes	18	4.8	17	5.0
Mental health problems	16	4.3	15	4.0
Kidney problems	15	4.0	13	4.0
Heart trouble	9	2.4	20	5.0
Cancer	6	1.6	11	3.0

The pattern that is observed in Table 5.18 (above) suggests that with a few exceptions, the problems reported by the WESTARC respondents in Flin Flon and The Pas are very similar to one another. Two exceptions are that The Pas respondents reported more skin or other allergies, and more problems with arthritis and rheumatism than did Flin Flon respondents.

The WESTARC study also addressed household health issues, some of which were similar to those that were addressed in the NOR-MAN RHA study. The results from the WESTARC study are presented below. Where possible, corresponding figures from the RHA are also presented. Differences in the specific wording of the survey questions are highlighted, where applicable.

Table 5.19
Household Health Issues

Health Concern	Flin Flon Responses #	%	The Pas Responses #	%	NOR-MAN Study Responses #	%
Stress	218	58.3	209	57.0	217	31.6
Lack of exercise	189	50.5	189	51.0	305	44.5
Smoking	130	34.8	176	48.0	283	52.8 ¹
Financial problems	120	32.1	118	32.0	141	20.6
Care of infants/young children	98	26.2	96	26.0	Not addressed	
Strained family relationships	79	21.1	99	27.0	52	7.6 ²
Dental health	74	19.8	59	16.0	Not addressed	
Loneliness	66	17.6	81	22.0	93	13.6
Unemployment	55	14.7	58	16.0	See income section	
Depression	54	14.4	58	16.0	81	11.8
Care of elderly family member	43	11.5	39	11.0	35	5.1
Mobility/walking problems	32	8.6	28	8.0	81	11.8
Excessive use of alcohol	26	7.0	31	8.0	81	11.8

¹Response to: Do you smoke cigarettes, cigars or pipes?

²Response to: "marital problems"

There are a number of observations that can be made on the basis of the above information. First, it is apparent that stress is viewed as a major concern in all of the communities in the NOR-MAN region. Smoking is also a serious problem, particularly in outlying communities. In fact, a true comparison can be made by examining respondents' answers to the WESTARC question about personal smoking habits. When the individual was the focus, 28% of the Flin Flon respondents and 38% of The Pas sample indicated that they smoked, compared to 52.8% of the NOR-MAN RHA study sample.

The information on financial concerns indicates that this is a problem for approximately 1 in 3 of the Flin Flon and The Pas respondents and for only 1 in 5 of the respondents from the NOR-MAN study. Unfortunately the different wording of the financial questions in the surveys prevented us from conducting a comparative analysis of self-reported financial status.

Loneliness was identified as a problem for many survey respondents. It is interesting to note that it is a more serious problem for The Pas residents and less of a problem for people from outlying communities. The same pattern was true for depression.

There were some differences noted with respect to care of elderly family members. However, the differences may be due to the different ages of the respondents in the WESTARC and NOR-MAN RHA studies.

Use of alcohol was reported to be a problem in few households in the WESTARC and NOR-MAN RHA studies. Questions on excessive use of alcohol may have produced reactivity in both studies, and resulted in under-reporting of this problem. Despite this caution, it is interesting to note that excessive use of alcohol was identified more often to be a problem in outlying communities than in the communities of (and surrounding) Flin Flon and The Pas.

5.6 Summary

The survey conducted by the NOR-MAN RHA in the communities of Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin First Nation, Moose Lake/Mosakahiken First Nation, Cormorant, Snow Lake, Cranberry Portage, and Sherridon/Cold Lake identified many problems and challenges that are experienced by residents of the NOR-MAN region. This information adds to the data obtained from the WESTARC study on people living in, or near, the communities of Flin Flon, The Pas and Opaskwayak Cree Nation.

The volume of information presents special problems for health care providers, planners and others who may wish to utilize the results to support decision-making at the local level. A health determinant framework was adopted as a way of responding to this challenge, and as a means of summarizing and organizing the information obtained from both studies. A health determinant is simply a factor that can be linked to the development of health problems in individuals, groups and populations. It can be viewed as something that contributes to, or detracts from, health status. As we learn more about these factors, we can begin to identify who may be at risk of developing health problems in the future.

Ten health determinants are commonly used in the literature. These are income and social status, social support networks, employment and working conditions, personal health practices, health services/resources, physical environment, education, biology and genetic endowment, healthy child development and current health status. The survey did not address all of these determinants, since some were most appropriately addressed through other means such as population health statistics. The sections that follow focus on those health determinants that were examined through the survey questionnaires, and present a summary of the findings from the NOR-MAN RHA and WESTARC studies.

Income and Social Status

Self-reported income levels varied from community to community. People residing in the communities of Easterville/Chemawawin, Cormorant and Sherridon/Cold Lake appear to be at the highest risk when income alone is considered. In each of these communities, a significant number of households reported household or gross income levels below \$12,000.

As a separate indicator, financial problems were identified as a concern in 1 in 5 households included in the NOR-MAN RHA survey. This issue was raised by 32.1% of the WESTARC Flin Flon respondents and by 32% of the WESTARC The Pas respondents.

Social Support Networks

Social support networks can contribute to the health of individuals, can support them to access services at an earlier point in episodes of illness, and can enhance their ability to cope with acute and chronic health problems. Although social support networks were not examined directly, proxy indicators were used. One of these indicators was self-reported loneliness.

Loneliness was identified as a problem for 13.6% of the people in the NOR-MAN RHA sample, and/or for a member of their household. This

problem also characterized 17.6% of the respondents in the WESTARC Flin Flon sample and 22% of the people in the WESTARC The Pas sample.

Two other indicators that were examined include strained family relationships and marital problems. Strained family relationships were only examined in the WESTARC study, and were identified as a problem by 21.1% of the Flin Flon respondents and 27% of the The Pas respondents. Marital problems were only examined in the NOR-MAN RHA study, and were experienced in 18.7% of the 686 households included in this sample.

Personal Health Practices/Lifestyle

This health determinant acknowledges the role we all play in contributing to our own health and well-being. It addresses the choices we make on a daily basis, such as eating well, refraining from smoking, and abstaining or engaging in moderation with respect to alcohol consumption.

Eating behaviour was addressed in the NOR-MAN RHA study. Over half of the respondents reported that they ate balanced meals, and many engaged in healthy eating practices. Eating well is not just a function of personal choice, but is related to the availability of nutritious food at a reasonable cost. The availability of nutritious food varied from community to community, and was a serious problem in Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin and Cormorant. The cost of food was viewed as a problem in Grand Rapids/Grand Rapids First Nation, Easterville/Chemawawin, Cormorant and Sherridon/Cold Lake.

Regular exercise is also important to good health. In the NOR-MAN RHA study, just over half of the respondents indicated that they got enough regular exercise. These results paralleled those obtained by WESTARC in Flin Flon and The Pas.

Another behaviour that was examined was smoking. The NOR-MAN RHA study found that 52.8% of the people who answered the survey currently smoked. In addition, 44% of the 686 respondents reported that another person(s) in their household smoked. Almost as many people (48%) in the WESTARC The Pas sample smoked, and 34.8% of the Flin Flon respondents reported this behaviour. Many of these individuals also indicated that they wanted to quit smoking.

Substance abuse also falls under the lifestyle category. Answers to questions on this topic may have been affected by social desirability bias, and the tendency of people to avoid admitting that they have an addiction problem. Despite this bias, the NOR-MAN RHA survey found that alcohol was a problem in 11.8% of the households; 8.9% said gambling was an issue; and

6% indicated drug abuse was a problem. The corresponding figure for alcohol abuse was 7% for the Flin Flon respondents and 8% for The Pas respondents.

The NOR-MAN RHA study looked at 3 other lifestyle behaviours that reduce the likelihood of injury. These include the use of bicycle helmets, seat belts and smoke detectors. Four in 5 respondents indicated that they never used bicycle helmets. However, almost three quarters always used their car seat belt, and 4 in 5 had working smoke detectors in their homes.

Health Services

The availability of health services was rated as good by almost half of the NOR-MAN RHA respondents and poor by approximately one quarter. In a question with a somewhat different focus, the WESTARC team found that approximately half of the Flin Flon and The Pas respondents did not think they could get the health services they needed.

The quality of existing services was the focus of one question on the NOR-MAN RHA survey. Two thirds of the respondents indicated that the quality of existing services was good, very good, or excellent.

Physical Environment

The physical environment plays an important role in our health status, and as such becomes a significant health determinant. Environmental issues were addressed in both the NOR-MAN RHA and WESTARC studies.

Environmental pollution was identified as a concern by almost half of the people who answered the survey. Water quality was seen as a more serious problem than air quality in the NOR-MAN RHA study. The majority of the Flin Flon respondents expressed concern about air quality, whereas water quality was more of a concern in The Pas, OCN and surrounding areas.

Waste management was addressed in both surveys. The majority of the respondents believed that waste management practices were adequate.

Community safety is also an aspect of the physical environment. In the NOR-MAN RHA sample, almost half of the respondents said that violence was a problem, and an equal number indicated that family violence was of concern. Community safety was also identified as a problem by over half of The Pas respondents. Approximately one-third of the Flin Flon respondents indicated that they felt unsafe in their community.

Education

The survey respondents were reasonably well-educated. Almost one third of the people who participated in both the NOR-MAN RHA and WESTARC study had completed some form of post-secondary education. Few had completed less than grade 9, which is a commonly used cut-off point for assessing risk when this health indicator alone is used.

Health Status

The NOR-MAN RHA and WESTARC studies asked respondents to rate their own health status. Although the responses varied somewhat, at least 3 of 4 respondents from both studies indicated that they were in excellent, very good, or good health. Despite their overall rating, the respondents identified a host of health problems that they experienced or that were experienced by other members of their household. The most frequently mentioned problems in the Flin Flon and The Pas samples were back problems, arthritis or rheumatism, and skin or other allergies. Stress was also identified as a serious problem in the households in the WESTARC sample.

The NOR-MAN RHA analysis grouped the health problems that were identified into different categories. Arthritis, high blood pressure and high cholesterol were the top 3 health problems. Stress, loneliness and anxiety were the most frequently mentioned mental health problems. Financial concerns were identified by 1 in 5 survey respondents. Alcohol abuse, gambling and marital problems were the most common social problems experienced by NOR-MAN RHA survey respondents.

CHAPTER 6

FOCUS GROUPS AND INTERVIEWS IN SELECTED COMMUNITIES

6.1 Introduction

A key component of the NOR-MAN Regional Health Authority Community Health Needs Assessment was the collection of information from selected communities in the region using the focus group technique. Focus groups are a useful qualitative method for obtaining in-depth information that cannot be obtained through quantitative techniques. As was the case in this instance, focus groups are an excellent supplement to other research methods such as surveys.

The focus group approach offered the needs assessment teams with direct access to community members. The technique allowed participants in each group to express their ideas in a spontaneous, unstructured manner. The participants were free to volunteer information on points that were important to them, their families and their community. The focus groups provided in-depth insight into how people felt about specific issues, and explored why they felt the way that they did.

The focus groups that were conducted as part of the Needs Assessment involved six to ten individuals in structured group interviews, that were led by one or two moderators. The focus groups aimed to identify health and education needs, as well as needs for other services such as primary and hospital care.

A decision was made to conduct one focus group in the communities that were served by the Regional Health Authority when the needs assessment process was initiated. Potential moderators were solicited from these communities. Up to four volunteers from each community were invited to participate in a training session on the focus group technique. Some of these volunteers used the information they gained to conduct focus groups in each of their communities. In some communities a moderator and/or participants could not be found within the time frame established for the focus group component of the Needs Assessment. In most of these cases the community based Health Needs Assessment survey committee that had assisted with the survey portion of the study met with a member of the RHA team to discuss the results. In other communities, key informant interviews took place as an alternative to the focus group. The communities of Easterville/Chemawawin

First Nation, Moose Lake/Mosakahiken First Nation, and Sherridon/Cold Lake did not participate in this component of the study.

Formulation of Focus Group Questions

The information that was obtained through an analysis of the NOR-MAN RHA survey questionnaires was used to guide the development of the focus group questions in all but 3 communities. In the communities of The Pas, Opaskwayak Cree Nation and Flin Flon, survey information from the needs assessment completed by WESTARC, Inc. was used to guide this process.

During the analysis process, a list was developed of the health problems experienced by survey respondents. The 3 most frequently mentioned health problems were identified as topics that should be explored through the focus groups. It was decided that participants in the focus groups could help the RHA to gain a better understanding of how these health problems affected each community. It was also hoped that they would generate ideas in terms of how the RHA could work in a more effective manner with communities to address these problems. Finally, the focus groups were viewed as an opportunity for community members to ask questions or raise issues about the RHA. The 3 basic questions that were asked during the focus groups are provided below:

1. What factors contribute to, or cause this health problem in your community? (Probe for environmental conditions, lack of knowledge of resources, lack of resources in the community or region, lack of information about how to promote personal or community health, personal habits, genetics, lack of social supports, etc.)
2. How can the community and the Regional Health Authority help to alleviate the health problem, and reduce its prevalence? (Probe for strategies that will reduce the prevalence of the problem and for solutions that can be implemented by the community and the Regional Health Authority.)
3. Are there any other general comments or concerns that you would like to make known to the Regional Health Authority?

These 3 questions were expanded on in some focus groups to include some or all of the following moderator/community developed questions:

What is (health problem)? (A group/community definition was developed from this question to provide clarity in the discussion.) How does (health problem) affect you? How does it affect others, such as members of your family, co-workers, others?

What are you doing yourself or with others to cope or deal with (health problem)?

What may be preventing you from better coping and dealing with (health problem) in (community)?

6.2 Results from the Focus Groups, Meetings and Interviews

Results from the focus groups, or from meetings with community committees or key informants, are described in this section of the report.

Grand Rapids/Grand Rapids First Nation

The community of Grand Rapids/Grand Rapids First Nation was unable to gather residents to attend a focus group during the time frame established for this component of the study. The Grand Rapids Community Needs Assessment survey distribution committee met to discuss survey results, and to respond to the questions raised by a member of the RHA study team.

The three problems that had been identified most frequently by the 69 Grand Rapids/Grand Rapids First Nation community members who responded to the survey were stress, financial issues and blood pressure problems. Those present at the community meeting were surprised with these results, and expressed concern and disappointment with the low response rate (23.8%) to their survey questionnaire. They believed that the people who took the time to complete and return the surveys were those members of the community who wanted change, and may not have represented the community as a whole. Those who were present at the meeting chose to use the opportunity to voice other concerns.

One of the issues the group discussed was how health facilities were needed, and were unavailable in their community. They also raised important concerns that were consistent with those that were identified in response to the survey questionnaire. People from the committee discussed how children are more aware of stress at younger ages now than they were in the past. They spoke of the family violence in their community and about how "people don't want to get involved and don't care." Those present discussed how the children are failing to thrive academically in school, and indicated that parents are "absent" in the children's lives. "Parents don't have an interest in their own children." The group stated that there needs to be more parent

involvement in all facets of their children's lives. The group stated they have tried various activities to involve children and families such as 4-H, and in the end these clubs became "baby-sitting services" with no parent involvement.

The committee members raised concerns about the substance abuse and sexual activity of children and youth in the community. The groups stated that children and youth are experimenting with alcohol, drugs, tobacco and sexual activity at younger ages than has been the case in the past. The group said parents are absent in their children's lives due their own substance abuse and gambling. Children are literally asking to be taken from their family of origin and be placed into care.

The group raised an important question for discussion: "How do we motivate these parents to want to spend time with their children and to raise a healthy community?" It was noted that there have been many healing and sharing circles, and good ideas have been expressed. Unfortunately, these ideas have not materialized into action.

Those present stated that children and youth, and a commitment to one another, needs to be a focus.

The Pas

The 3 most frequently mentioned problems in the community of The Pas were stress, lack of exercise, and smoking. A group of community members met to discuss these issues, using the focus group questions that had been established. The following information was provided on each of the 3 problem areas.

Stress

Stress was defined by the group as a physical, emotional and mental response to the things that were going on in a person's life. The group recognized that stress can be positive and negative and can relate to internal and external factors affecting individuals. Negative stress is often related to factors such as feeling overwhelmed, not being able to cope, having too many decisions to make in a short period of time, and feeling out of control of their environment. It was recognized that people do not cope well with stress when they do not ask for help, even though it is needed. They also have difficulty if they lack the coping strategies that can help them to respond to stressful situations.

When the group was asked to identify factors that contribute to or cause stress in the community a variety of factors were identified. These factors included the following:

- Family Issues

The group indicated that parents lacked a basic understanding of parenting skills and techniques. Children who left home to go to residential schools received fragmented teaching about how to live within a family structure, and there is a generation of adults who did not receive any role modeling of how to parent. The group also believed that there is limited support for families, and a decrease in the role of the extended family and community in providing support to families who are parenting children. For those families who foster children, there were few supports available. Family dysfunction was identified as a big concern in The Pas.

It was noted that in the absence of a positive family influences, children receive guidance and support from their peers. This guidance includes both positive and negative aspects, and information based on facts and/or on supposition.

As a separate issue, the group indicated that addictions of all sorts cause stress in their community and to family.

- Employment Issues

A lack of employment was identified a factor that contributed to stress. Employment instability of major employers such as the railway, Hudson Bay Mining and Smelting and Tolko seem to have a large impact on the community as a whole. These concerns seem to filter down to the youth and cause additional stress to youth who are also dealing with the stress of growing up, such as school and peer pressures.

- Financial Issues

The group stated that poverty is very prevalent in the community, and that poverty can lead to the inability to make choices. There is also the perceived stigma of being lazy that is attached to people living in subsidized housing, and this causes stress to people living in this situation. Some people earn enough income, but have difficulty managing it properly, which may also contribute to stress. Gambling also has a financial impact on families and the community.

Several other factors were identified as causes of stress. These were a lack of education, a loss of a sense of safety in the community, urban shock to students entering college from remote communities, and limited recreational opportunities. Unhealthy lifestyles can lead to stress and isolate people. This includes a reliance on multi-media instead of exercise as a source of entertainment.

When the group was asked to identify what was currently being done and by whom to improve stress levels in the community the following points were raised:

- There are a good variety of recreational activities available in the community. Cost was identified as a potential issue for some individuals, although it was generally less than the cost for similar programs in the southern part of the province. Although some families choose to spend their money in other ways (e.g. smoking and alcohol), it was also noted that there are many recreational, extracurricular activities available free of charge such as school sports, Alliance Church youth program, Club 53, Air Cadets and the Action Centre.
- The Family Resource Centre and other programs in the community offer parenting programs. However, it is sometimes difficult to get people who may benefit from the programs to attend.
- Counseling resources are available, but may have a narrow focus. Stigma and concerns about confidentiality may limit participation.

The group was asked what the RHA and the community could do to help alleviate stress. Some of the comments included:

- More opportunities for alcohol free, family celebrations, and workshops. The Family Conferences that had been held in the past were viewed very positively.
- The Canadian Mental Health Association and the RHA should provide workshops and educational opportunities on a regular basis in the area of stress management.
- The group stated that there is a need for more community awareness opportunities through the media, and that there is a need to help people develop positive coping strategies to deal with stress.

Lack of Exercise

This problem area was defined as a lack of involvement in any type of physical exercise. The group noted that lack of exercise was identified as a problem when physical symptoms such as weight gain, increased stress levels, and medical problems associated with a lack of exercise were

observable. With respect to overall fitness, the group recognized that there was a large stigma attached to the fitness image of the 1970's and 1980's, when fitness meant "Spandex" and going to a gym to exercise heavily 5 days a week. This concept scared a lot of people away from participating in physical activity altogether. The concept of "Active Living" was seen as a positive concept, where people valued physical activity and made it a part of everyday life.

The group was asked to identify factors that contributed to, or caused, a lack of exercise in the community. Personal choice and a lack of knowledge about the important connection between physical activity and well being were identified as 2 factors that contributed to disinterest in exercise and fitness. Busy schedules were seen as restricting people from being physically active. Self-esteem levels were also viewed as a factor, in that people with low self-esteem may not feel the need to care for themselves through exercise.

The role of parents was highlighted. If parents were not physically active it was less likely that children would lead a physically active life.

People's reliance on cars as a method of transportation was discussed. In the case of teenagers 16 years of age and older, driving may replace walking to school, which may have been their primary form of exercise. The amount of time spent watching television, playing Nintendo or the computer was also mentioned as an area of concern.

When the group was asked to identify what was currently being done and by whom to increase physical exercise in the community, the following points were raised:

- There are many opportunities for unstructured physical activity in The Pas. For example, the KRC 100 Km club that is held in the summer months is a popular activity that encourages people to walk and receive prizes for their efforts.
- The Pas has many recreational facilities for a community its size including a swimming pool, arena, parks, baseball and soccer fields, golf course, etc.
- There are over 50 recreation, art and sporting clubs available in the community.
- Although cost was mentioned as an issue for limiting participation in recreational programs, it was noted that the cost is low relative to other communities in the province. There are also many recreational programs with no or very little registration fee.

- The summer and winter festivals such as Trappers Festival and Opaskwayak Indian Days encourages physical activity through different competitions.

When the group was asked what other things the RHA and the community could do to increase people's activity levels, the following suggestions were made:

- Introduce swap programs for children's exercise equipment. This could help those families that can not afford new equipment to access equipment for their children at a reduced cost.
- Encourage parents to put away the television set and video games etc., and encourage their children to get involved in other physical activities.
- Increase the promotion of physical activity and make parents realize that they play a part in their children's future physical activities by being a role model.
- Encourage parents' positive choices of where to place the resources they have readily available for their children, such as time and money.
- Encourage service agencies to be aware of how fundraising through gambling can support some of the poor choices that are made by parents.
- Wellness in the workplace needs to be encouraged.
- Healthy schools should be promoted.

Smoking

The discussion of smoking considered the actions of individual smokers and the impact of second hand smoke on others. Concerns were raised about the link between women's smoking and weight loss or management. The group also stated that children are taking up smoking at a younger age, which was a cause for concern. The group stated that the population in general does not appear too concerned about second hand smoke, and that enforcement of non-smoking regulations is an issue that needs to be addressed. In general, the group saw smoking as a self-destructive behavior.

Many of the factors that are usually linked to smoking were identified by the group. These included peer pressure, negative role modeling within the home, stress, and a lack of concern about self-care. It was noted that people did not believe that smoking would adversely affect them personally (i.e. "It can't happen to me"). Smoking was also described as an accepted behavior. It was also recognized that some merchants disregarded the law that prohibits the sale of tobacco to minors.

When the group was asked what was being done and by whom to address smoking in the community the following responses were provided:

- An activity filled "Tobacco Tackle" week is held at the high school each year. Its aim is to make the students aware of how tobacco products affect them and those around them.
- There are a number of non-smoking awareness activities, such as National Non-Smoking Week, World No – Tobacco Day and National Addiction Awareness Week, that are promoted in the community.
- Health classes in the schools address the issue of smoking.
- There are a number of public buildings that are designated as smoke free.
- Some smoking cessation programs are offered.
- Smokefree 2000 was seen as a positive program that happened in the community.

When the group was asked if there were any other things that the RHA and the community could do to help alleviate the problem of smoking in the community, the following suggestions were made:

- Enforce the law that prohibits businesses from selling tobacco products to minors and the non-smoking regulations that are currently in place.
- Increase education about smoking and its effects, and make the public aware of the effects of second hand smoke.
- More programs such as Smoke Free 2000 should be available in the community. Smokefree 2000 was a Federal program that ran in The Pas from 1995-1997. The funding has since ceased.
- Employers could be approached about allowing employees to attend cessation courses on work time, and could introduce the use of "The Patch" into employment health plans.

Opaskwayak Cree Nation

The 3 most frequently mentioned problems in the community of Opaskwayak Cree Nation (OCN) were diabetes, reproductive health issues, and substance abuse.

Diabetes

Diabetes was viewed by OCN group members as a disease that affects all age groups. The group began their discussion of diabetes by noting that some people see diabetes as a "death sentence", and have a very hard time accepting this diagnosis. However, the group noted that people with diabetes can live healthy normal lives. Some people do experience difficulty managing the disease, as some are unable to buy appropriate food for economic reasons.

When the group was asked about factors that contributed to, or caused, diabetes in the community many points were raised. The group stated that children are unaware that the disease is hereditary. Other perceived causes included poor lifestyle choices, magnesium levels, obesity, diet and exercise. With respect to diet, the group discussed the consumption of convenience foods. The group pointed out that in some more Northern communities, the disease is less of a problem. More traditional foods are being prepared and consumed in these communities.

The group believed that doctors do not have a lot of time to spend teaching diabetics about the disease, although this would be advantageous. Risk factors, and the link between these factors and diabetes, should also be discussed in physicians' offices. The group also believed that more tests should be done to detect the disease at an earlier stage and stop its progression.

The group was asked what was currently being done in the community, and by whom, to reduce the incidence and prevalence of diabetes:

- Otineka Health Centre provides some home visiting in order to educate people on the effects of the disease, and ways to cope with it.
- Workshops, and health fairs are held where blood sugars, etc. are tested. The group also said that there is an "Awareness Walk" every fall for the disease. Normally it has been staff that has participated in this walk. Most people with diabetes that are seen by staff have had amputations or have heart disease, so activity is not really promoted.

In concluding the discussion about diabetes, the group was asked if there were things the RHA and the community could do to help alleviate this problem. Some of the comments included:

- Target children and educate them through the schools about diabetes.
- Remove "junk food choices" from the schools.
- Have more facilities and programs available for the children, and update the equipment that OCN presently has.
- Offer monthly workshops, and create self-help programs.
- Develop an exercise program that is sociable and fun for diabetics.

The group noted that the cost of activities should be kept to a minimum in order to have these activities accessible to everyone.

Reproductive Health Issues

The group defined reproductive health issues as those related to birth control, fetal alcohol syndrome, prenatal classes, prenatal nutrition, pap tests, and breast cancer.

Given the broad nature of these issues, there were many factors that were seen to contribute to problems in this area. Two examples that were cited pertain to staffing levels at the Otineka Health Centre and the availability of prenatal classes. Low staffing levels at the Health Centre were seen to contribute to the limited availability of presentations on birth control in the community. As a separate issue, there were few prenatal class options available on reserve, and the class that was offered was only one day in duration.

When asked what is currently being done to reduce or alleviate this health concern, the group stated that, although limited in nature, prenatal classes are available. Girls that attend the classes are given gift packs, and lunch and snacks are provided at the class. There is also a raffle for a car seat for those in attendance. The Health Centre provides condoms to students if they come to ask for them, however the students are shy and therefore counseling them at that moment is difficult.

When the group was asked if there were things the RHA and the community could do to help resolve these reproductive health issues, the following suggestions were made:

- Have more prenatal classes, promote them and make them more fun. Have an assignment at school where the students look after "a baby" for a week or two. The baby is a doll that cries when it's hungry, and needs to be changed etc. It will not stop crying until satisfied. Some of these dolls also register abuse.
- More time should be spent with new mothers discussing different types of birth control. For pap tests the group stated that doctors need to encourage women to be tested regularly.
- Recruit more female physicians. Women might feel more comfortable with a female doctor.
- Breast self examination clinics used to be conducted and these would be beneficial again.
- More postpartum care needs to be provided.

Substance Abuse

Substance abuse was defined by the group as the misuse of illegal and legal drugs, excessive alcohol use, sniffing, and smoking cigarettes.

The group was asked what was currently being done to alleviate or reduce this problem. The group stated that the R.C.M.P were more aware of problems and were acting more aggressively to respond to the issue. An Alcoholics Anonymous support group was available and the services of Rosaire House could be accessed.

When the group was asked if there were things the RHA and the community could do to help alleviate the problem, the following suggestions were made:

- Have more activities available for both families and children and encourage families to spend more time with each other.
- Have more programs available for single parents.
- Use facilities already available in the community, such as the school gym.
- Educate the children as well as the leaders in the community.
- Anger management workshops, parenting programs and peer mentorship programs were all suggested by the group.

Cormorant

The community of Cormorant was unable to conduct a focus group, so personal interviews were conducted with key people. The most frequently mentioned problems of arthritis, financial concerns, and stress were explored with these individuals.

Arthritis

Individual respondents were surprised to learn that arthritis was a major problem in their community. The response rate for the survey questionnaire was 23.8%, and they believed that a better response rate may have resulted in the identification of different issues. The respondents indicated that arthritis may be linked to old injuries and the aging process generally. Many of the older people in the community have done a lot of manual labor in their lives. Some of this may have resulted in back injuries due to improper lifting, etc. One respondent stated that preventative information and teaching for some of these people might have had an impact on the number who complain of arthritis today.

At the present time, people who suffer with arthritis are managing on their own, or are receiving help from family and friends. There is nothing formal in place to assist them with problems linked to arthritis.

Health education and other health care interventions were discussed with one respondent. As a general problem, group interventions do not work in the community because of the low participation rate. In the past, when Healing Circles were held in the community, confidentiality was broken. Group approaches to healing and health care have lost their credibility, because they are seen as being unable to protect people's confidentiality. As an alternative, one of the respondents indicated that one-on-one teaching or information sessions might be an effective way to address this problem.

With respect to injuries and back care, it was suggested that education be provided to the younger population, so they could enter their senior years in better health.

Financial

Financial problems were viewed as a serious issue in this community. There were many causal factors identified by the respondents. These included a reliance on social assistance and limited pensions; the high cost of food, goods and services in the community; the high cost of travel outside of the community; unemployment; and seasonal employment. These factors, combined with family structures that included a high number of single parents and large families, led to financial problems for many people.

There have been some efforts in the community to respond to this issue by offering financial planning sessions to residents. However, these sessions were not offered in years past. Now the senior population is left to try to make ends meet. Some information on budgeting, stretching your dollar when shopping, and inexpensive ways of cooking could help to reduce some of the financial problems in Cormorant.

Stress

Several sources of stress were identified by the respondents. The size of the community was linked to inter-personal conflicts and rivalries that contributed to the stress of its members. Alcohol and drug abuse and gambling addictions contributed to the stress experienced by families. Family violence also contributed to stress within families and in the community, as did financial problems and misinformation. Literacy problems were identified as a precursor to stress by one of the respondents.

A lack of medical resources was identified by the respondents. It was noted that health care professionals become the targets of the anger in the community when residents are frustrated with the lack of services. One respondent indicated that this can add to the already stressful task of caring for the community.

In the last four years there have been no attempts to run stress reduction education seminars in the community. The respondent stated that these may help individuals or families cope to a greater extent.

Several issues were raised at the end of the personal interviews. These are identified in point form, below:

- Diabetes is prevalent in the community, and resources are needed in this area.
- The community is very transient, which raises special health and health care system delivery issues.
- Mental health resources are needed but have not been well utilized in the past due to the stigma of seeing such professionals. It is difficult to meet with these professionals in the community due to the small size of the community and the lack of respect community members have for one another's privacy.
- There is a need for a doctor to come into the community regularly, as well as occupational therapists, physiotherapists, and dietitians.
- There is a lack of work being done with the youth. In the opinion of one respondent, there should be a focus on youth in the community.

Cranberry Portage

The community of Cranberry Portage was unable to gather residents to attend a focus group. The Community Needs Assessment survey distribution group met to discuss survey results. In this community, the issues of stress, gastrointestinal problems and arthritis were identified most frequently by survey respondents. Cranberry Portage had a response rate of 36% to the current survey questionnaire. As with some of the other communities, the need to increase the number and type of survey respondents was identified as a priority, and those present speculated as to the problems that would have been identified had more people returned their survey questionnaire.

Stress

Stress was identified by more survey respondents as a problem than any other issue. A diverse range of causal or contributory factors were identified. In the youth population, stress was linked to the insufficient number and type of available resources and activities. Child related pressures, alcohol use, lack of an extended family or too much involvement with family members, financial problems, burnout, business pressures, and economic and employment related issues were all identified as being linked to stress.

The group identified the lack of parent participation with their own children, especially as they matured, to be a primary source of stress related problems. The group noted that a number of parents in the community were dealing with so many issues that their interaction with their children has decreased.

The group believed that the division between residential students verses town students contributed to stress. Some trips or events have been strictly for students living at the school have caused some division and a lack of unity for students and the community. Some resources were not being shared within the community as well, such as the library and gym.

When the group was asked about what was being done or what could be done to reduce the stress level in the community, the group responded with a variety of answers. The group indicated that they would like to have regular resource people come into the community, such as marital counselors and resource people who could help the community deal with depression and diabetes. The group stated that although Mental Health services were delivered in the community, early intervention and prevention services were not adequate.

People are not always aware of the services that are available. General information about what is available needs to be shared with the community, so people know what they can access.

Public Health Services are visible in the community and have been very helpful. There is a Child and Adolescent Worker who visits Cranberry Portage regularly, but the group stated that this person primarily sees children attending the residential school, and has little or no time for anything else. Confidentiality was raised as a concern. People within the community may not be accessing resources, because they are concerned that this will become known in the community.

Gastrointestinal

A limited discussion was held regarding gastrointestinal problems. The group felt that some of the difficulties in this area may be linked to stress. The group also thought that poor nutrition, loneliness, hunger and a lack of exercise could contribute to some of the problems in this area.

There are some programs running in Cranberry to foster healthy eating habits, which may reduce gastrointestinal complaints in the community. These include "Breakfast Buddies" for preschool and school age children and a community kitchen group. Some church groups have special meals, luncheons and deliveries. The group stated that having access to a dietitian or nutritionist would be advantageous for their community.

Arthritis

The group viewed arthritis as a disease affecting adults as well as children, although the majority of sufferers were senior. They discussed problems caused by inflammation and the crippling effects of this disease. The group also noted that arthritis can cause isolation and loneliness.

There were some children with juvenile diabetes living in the community. Information had been provided about this illness in the school for staff and pupils.

The group indicated that there were a number of actions that could be taken by the RHA and the community to address this health problem. They included:

- Provide information on how to treat arthritis.
- Have physiotherapy available in the community.
- Establish support groups and/or educational groups to address the issue.
- Improve access to streets and stores, so that those who have mobility problems as a result of this illness are able to get around.

Snow Lake

The community of Snow Lake chose to address the 3 most frequently identified health issues in 3 separate focus groups. Each focus group was approximately 2 hours in duration, and explored one issue through a series of prepared questions. The 3 health issues that had been identified through the Community Health Needs Assessment survey process were arthritis, stress and cholesterol. Due to the community's decision to run 3 separate focus groups, there was significantly more data generated in response to each health issue than was the case in the other communities. Only highlights from each focus group are presented in this report. A more detailed summary document will be provided to members of the Snow Lake community.

Stress

Stress was viewed by the group as having both positive and negative aspects. It was noted that men and women handle stress differently, and that some men do not identify or outwardly show signs of stress. Stress can come from being a single parent or from other life circumstances. The group reported that stress can produce or result in anxiety, a build up of emotions, feelings of being overwhelmed, and anticipation. Stress was described by the group as a by-product of affluence.

Participants listed a number of positive and negative factors that could contribute to, or cause, stress in their community. These are as follows:

- Mining companies, transience of the population due to employment, work
- Children
- Expectations of others, peers
- Racism
- Lack of health care services for seniors
- Lack of social supports (extended family, close friends)
- Weather and the environment, forest fires
- Uncertainty of the future for the community.

The group also indicated some positive things about the community and wished them to be included in the report: prompt medical attention by local physicians, low crime rate, community member support, community and social activities, freedom from political and religious oppression, feelings of safety and security, the natural beauty of the town and area, lack of pollution in general, good job availability, secure incomes, support from religious organizations, religious tolerance (churches work together), and ministers who provide counseling.

The group members listed numerous effects of stress on their lives and the lives of others. Included in the list was the use of drugs, both prescription and illegal; alcohol consumption; gambling; illness and disease. They also identified the impact of stress on other family members. It was also noted that in addition to the negative consequences of stress, it can motivate people to take action and to set and achieve goals.

The group identified many positive and negative methods that people use to cope with stress, ranging from positive approaches such as exercise and volunteer work to negative methods such as denial and alcohol consumption.

A variety of obstacles were identified by the group which made it difficult for some people to cope with stress. These obstacles included internal issues, the limited availability of community resources, the expectations we have about ourselves, and the expectations of others.

The group was asked what could be done in Snow Lake and by the RHA to help them to cope with stress in a more effective manner. The group identified 3 areas that were of high priority. These were:

- Local mental health services should be made available in Snow Lake, and should include regular and frequent visits by a Psychiatrist, and a residential mental health worker.

- A confidential, private workplace is required for counselors, social workers, and mental health workers, so that community members are comfortable accessing services.
- Seniors housing and long term care for seniors is needed. It was stressed by the group that an increase in housing and long term care facilities would allow residents to remain in the community as they grow older. Geriatric services generally are also needed.

Additional suggestions included the establishment of a fitness centre for the entire community to use, organizing events for young adults, community mobilization, and regular ongoing involvement of the RHA in the community. Public education and the education of employers so that they could assess problems and support their employees were other suggestions that were made.

Cholesterol

Snow Lake focus group members developed a shared definition of cholesterol at the beginning of their focus group.

“Cholesterol is a fatty wax like substance manufactured by the liver and found in all body cells. It causes people to feel unwell. People’s healthy cholesterol levels are affected by the foods they eat and the amount of physical activity they take part in. Cholesterol is needed in normal diets. Cholesterol problems can affect all age groups and both genders. People can have a genetic predisposition to high cholesterol problems. People can be without symptoms of high cholesterol. It is an inconsistent problem.”

Participants discussed how cholesterol problems affected them, family members and the public in general. It was noted that cholesterol can increase coronary heart disease, it can deposit itself in all arteries throughout the body, and can cause stroke, heart disease, peripheral artery disease, blood vessel disease, circulatory problems, and high blood pressure. Medication and medical treatment may be expensive. Group members noted that there may also be medication side effects to contend with.

Social and mental effects can include anxiety and frustration, and can overwhelm families and individuals. Cholesterol problems can affect work life, economic survival and the health care budget.

Food preparation and shopping for healthy food choices can become time consuming. Food choices can become limited when shopping and eating out

in restaurants. The group noted that people can become educated and achieve a balance in their diets, and engage in active living. Being aware that you have cholesterol problems can affect people in a positive way.

When asked to indicate how people coped with cholesterol, the group indicated that they could maintain a balanced and recommended diet, engage in regular exercise, and educate themselves and others in regards to new studies and information.

When asked what could be done by the community and the RHA to address this health problem, participants emphasized the need for educational programs that were adequately funded and staffed. Other suggestions included the initiation of Heart Smart programs, cooking classes, exercise classes, the use of speakers to promote healthy living, and support groups. It was also suggested that a dietician should be available locally to provide information to residents.

It was noted that there was a need to target children, and to encourage parents to become healthy role models. The group believed that people need to be motivated to take personal responsibility for their health.

The group indicated that some external supports, such as funding, would be required to implement a planned response to this and other health problems. Fundraising and support from the RHA would be required.

Arthritis

Snow Lake residents described arthritis as a painful, restricting, crippling condition that affects all ages and both genders. They noted that it affects the joints of the body, and can be related to old injuries of the affected area of the body. There are different types of arthritis and they can be brought on through environmental conditions, or stress. Arthritis may cause other illnesses or disorders that are not always visible or apparent, such as problems with internal organs and muscles. Arthritis is a stressful disease that causes deformities.

The group indicated that arthritis affected people's lives in general. Lives can be put on hold, both personally and professionally. Participants indicated that arthritis brought limitations and restrictions and the daily task of dealing with pain and discomfort. It was indicated that due to the pain and crippling effects, social isolation, loneliness, depression, feelings of inadequacy and dependency occur. Participants who had family members afflicted with arthritis indicated an increase in their knowledge surrounding the health issue. They knew more, or wanted to know more to be able to educate other family members and the affected person they knew. People indicated that coping was a way families and affected persons dealt with this health issue.

Techniques for coping with arthritis included different forms of exercise and relaxation techniques. Reducing exposure to cold, reduced alcohol consumption, use of herbal and other medication, and eating certain foods helped people to cope with this health problem.

Limited community awareness of resources and information, as well as a lack of local health care and other resources in the community, limited people's ability to cope with arthritis. It was recommended by the group that having access to additional dietary, educational and health care specialists such as physiotherapists would help people cope with arthritis. As general themes, access to local services, and the ability to access services in other parts of the region without incurring additional expenses were viewed as essential.

Flin Flon

The 3 most frequently mentioned problems in the community of Flin Flon were stress, lack of exercise and smoking. These issues had been identified by the WESTARC consulting firm when they completed a needs assessment in this community. A group of community members met to discuss these 3 issues.

Stress

When the group was asked to identify the factors that contribute to or cause this health problem, many points were raised. Some of these factors were:

- Job uncertainty, long working hours, unemployment, affluence of the community is being challenged and threatened
- Lack of information on existing resources
- Lack of education on stress management
- Single families
- People not asking for help early enough
- Environmental allergies
- Lack of "sense of community", lack of family nearby
- Teens and young adults who believed that other people's expectations of them are not achievable
- Post secondary education outside of the community (financial and emotional consequences)
- Expectations of buyers versus retailers
- Isolation of the community
- No affordable recreation for youth and adults in the community.

The group provided the following response to the question "How can the community and the RHA help to alleviate the health problem?":

- Encourage people to ask for help sooner
- Have stress management education available
- Increase the number of social activities available in the community
- Encourage people to be better informed and more involved
- Provide information on the RHA and the Health Plan.

Lack of Exercise

Many internal and external factors contributed to the lack of exercise that was identified as a problem for people in the Flin Flon community: weather, air quality, cost and affordability of activities, inability to access information and facilities on programs, people having to work or attend meetings, and a lack of time generally. It was noted that the bus system was not available all the time, and sidewalks were not always cleared in the winter, which made it difficult to get exercise or access exercise facilities.

The solutions that the group came up with focused on alternative ideas for exercise. Suggestions that were made included encouraging children to walk to school, encouraging parents to be good exercise role models, educating children on the benefits of exercise, encouraging less structured means of exercise, and promoting special exercise related events.

Smoking

The group believed that smoking was a problem in Flin Flon for all of the following reasons:

- Boredom, personal choice
- Stress, lack of self esteem, wish to lose weight
- Peer pressure
- The fact that it is an addiction, and it is difficult to quit
- Focus on the present, without considering the long term risks of smoking
- Lack of information for youth
- Lack of support in the workplace
- Community tolerance, inconsistent legislation.

Some suggestions that were made by the group were to target specific population groups and address the issue in a comprehensive manner. One example that was provided targeted minor young females. A comprehensive approach might include medical advice, legislation enforcement, a 12 step

program for support, a recognition of withdrawal patterns, and strategies to reduce stress.

Additional Comments

The focus group in Flin Flon was held at a time when there was great uncertainty regarding the major employers' willingness to commit to a long term plan for ongoing operations. Additional comments that were made at the session reflected the strain the town was experiencing. Group members noted that the city and community depended heavily on one employer and had lost touch with their higher power.

"People need more spirituality. We need community pride. We need to focus on the positive, not the negative".

The feelings of uncertainty and lack of control were also being experienced with respect to the RHA. The group suggested that more information about the RHA, available in easy to understand language, would be helpful.

6.3 Recurring Themes from the Focus Groups

The focus groups that were held in the seven NOR-MAN communities addressed local priorities, as each focus group or key informant carefully considered the challenges facing their community. Despite the diversity that existed among the communities, and the range of issues that were explored, there were a number of commonalities in the responses that were provided to the focus group moderators.

All of the communities highlighted the important role of the family as the primary caregiving unit. The responsibility of parents to model appropriate behavior was stressed repeatedly. The range of behaviors that should be encouraged in children included active living, healthy exercise, good eating habits, and substance-free living. It was mentioned directly in some communities, and implied in others, that children should grow up in violence free environments and be afforded the opportunity to live in healthy families.

Children and youth were seen as priority groups in all of the communities. But, it was suggested that this view was not shared by all. As participants in one focus group indicated, "leaders need to know just how important children are to the community".

The role of personal choice was mentioned in several of the communities. This concept was applied to eating and exercise choices, and also to the choice to smoke, drink alcohol and gamble. The need to motivate people to care for themselves was identified as a key issue. Complacency was identified as a major obstacle that needed to be overcome.

Employment and financial issues were viewed as contributing to a range of health problems, and were described as limiting the ability of people to eat well and participate in their community. The need for inexpensive alternatives was mentioned in several of the focus groups, and by individual key informants.

Education was clearly a priority need in the minds of many participants. Education about health status; health problems and ways to cope with and treat these problems; preventive or remedial actions; risk behaviors; and financial planning were mentioned as needs in various communities.

The need for local services was also an issue in most of the communities. This included the need for physicians, mental health professionals, physiotherapists, occupational therapists, and facilities for seniors. Confidentiality issues were raised with respect to how these services were delivered, especially in smaller communities that had experienced breaches of confidentiality in the past.

All of the communities identified strengths, both in terms of the capacities of individuals within the community and the services that were currently available. It was apparent that some communities had more options available for residents than did others. In some communities, there was a need for information about what was currently available, both within the community and from the RHA.

CHAPTER 7

HEALTH AND SOCIAL SERVICES IN THE NOR-MAN REGION

7.1 Introduction

A review of community needs would not be complete without an examination of the programs and services that are currently available to respond to the health problems of residents of our region, or to prevent these problems from occurring. Residents of the NOR-MAN region have access to a range of health and social services that have been developed in response to demonstrated or perceived needs. This Chapter provides a comprehensive overview of these services, which are described under each of the following ten general headings:

- | | |
|---|--------|
| 1. Health Services | (7- 2) |
| 2. Emergency Services | (7-38) |
| 3. Child and Family Services | (7-47) |
| 4. Employment, Financial and Housing Programs | (7-54) |
| 5. Women's Services | (7-55) |
| 6. Seniors/Elder's Services | (7-58) |
| 7. Aboriginal Services | (7-62) |
| 8. Religious Services | (7-65) |
| 9. Justice Services | (7-66) |
| 10. Other Community Services | (7-70) |

Detail will also be provided on how residents can obtain access to services. Access to service is generally provided to community residents in one of four ways:

1. Service is provided full-time within a community.
2. Service is available regularly in a community but on an itinerant (visiting) basis.
3. Service is available in the region, and can be accessed in the community "on request."
4. Service is not available in the community and must be accessed directly from another community such as The Pas, Flin Flon or outside the NOR-MAN region.

7.2 Health Services

The Pas and Flin Flon are the major centres for health care delivery, and many of the outlying communities rely on these two larger communities for services and staff support. There is an infrastructure of health services available in each community in the NOR-MAN region but the level of service in most outlying communities is limited.

Sub-section 7.2 will be dedicated to providing a detailed description of the health services available in the region. This sub-section will be divided into two areas:

- (1) Services provided by the NOR-MAN Regional Health Authority; and
- (2) Services provided by other Health Care Service Providers in the region including Cree Nation Tribal Health Centre, Otineka Health Centre, Addictions Foundation of Manitoba, as well as dental, optometry, pharmaceutical, and chiropractic services.

A complete overview of all health services in the NOR-MAN Region can be found in table 7.1.

Table 7.1
Overview of Health Services in the NOR-MAN Region

1. NOR-MAN Regional Health Authority

- a) Health Promotion & Education Services
 - Health Promotion & Team
 - NOR-MAN Health Resource Centre
- b) Health Protection
 - Medical Officer of Health
- c) Prevention and Community Health Services
 - Public Health Services
 - Northern Health Services (contractual agreement with Manitoba Health)
 - Diabetes Education Resource
 - Audiology
- d) Treatment, Emergency, and Diagnostic Services
 - Treatment Services
 - Emergency Services
 - Northern Patient Transportation Program
 - Diagnostic Services
- e) Developmental and Rehabilitation Services
 - Physiotherapy and Occupational Therapy Services
 - Mobile Therapy Team
 - Supplementary Rehabilitation
- f) Home-based Care Services
 - Home Care Program
- g) Long Term Care
 - Personal Care Homes
 - Adult Day Care Services
- h) Community Mental Health Services
 - Community Mental Health Program
 - Psychiatric In-patient Unit – in process
- i) Substance Abuse/Addictions
 - Rosaire House Addictions Centre
- j) Palliative Care
- k) Physician Services

2. Cree Nation Tribal Health Centre

- a) Nursing Services
- b) Health Education
- c) Prevention Programs
- d) Environmental Health
- e) Referral Service
- f) Dental Team
- g) Prenatal Nutrition Program
- h) Management

**Table 7.1 Overview of Health Services in the NOR-MAN Region
(continued)**

3. <u>Otineka Health Centre</u> a) Maternal and Child Health b) Communicable Disease Control c) Health Education d) Chronic Disease Services e) School Health Programs f) Referral Programs g) Non-insured Services
4. <u>Addictions Foundation of Manitoba</u> a) Prevention and Education Services b) Community-based Counseling Services c) Impaired Driver's Program d) Gambling Services e) Family Program f) Adolescent Program g) Rural and Northern Youth Intervention Strategy
5. <u>Dental Services</u> a) Dentists b) Cree Nation Tribal Health Centre Dental Team
6. <u>Optometry Services</u> a) Optometrists
7. <u>Pharmaceutical Services</u> a) Pharmacy Services – hospitals b) Pharmacies
8. <u>Chiropractic Services</u> a) Chiropractors

NOR-MAN Regional Health Authority

The NOR-MAN Regional Health Authority (RHA) was established in 1997. In April 1997, the RHA assumed control of those health services that had previously been delivered under the auspices of Manitoba Health. This included a range of services that were delivered in local health care facilities, non-First Nation nursing stations and community health services. There are eleven core service areas that the Regional Health Authority is mandated to deliver. These services and the aims of the RHA in each of the core service areas are listed below:

1. Health Promotion/Education

- To support individuals and communities to improve their own health.

2. Health Protection

- To protect residents of the NOR-MAN region from exposure to preventable diseases, and to reduce the spread of communicable diseases.

3. Prevention and Community Health Services

- To deliver effective community based interventions that can prevent health problems from arising and/or reduce their impact on individuals, families, and communities.

4. Treatment, Emergency and Diagnostic Services

- To offer high quality, cost effective treatment, emergency and diagnostic services to consumers that meet their health care needs.

5. Developmental and Rehabilitation Support Services

- To develop services that help people to live productive lives in the community.

6. Home-Based Care Services

- To promote the independence of individuals who require in-home health services or supports, and prevent institutionalization.

7. Long Term Care

- To provide personal and extended care services at a level that is compatible with provincial guidelines for personal care homes.
- To ensure residents of long term care facilities maintain or improve their quality of life.

8. Mental Health Services

- To enable all residents of the NOR-MAN region to access the full range of mental health services within regional boundaries, including mental wellness and prevention programs, community-based assessment and treatment, and in-patient treatment.

9. Substance Abuse/Addictions

- To identify groups who are at risk of substance abuse/addiction; to effectively treat individuals who acknowledge their addiction; and to ensure that individuals who have been treated are supported to refrain from the ongoing abuse of substances.
- To address the health related needs of young victims of Fetal Alcohol Effect (FAE) and Fetal Alcohol Syndrome (FAS) and prevent their occurrence.

10. Palliative Care

- To provide care to people in our region whose diseases do not respond to curative approaches, and to support these individuals and members of their family during the end stage of their illnesses.

11. Physician's Services

- To recruit, hire, and retain the number and types of physicians that are required to improve the health status of NOR-MAN residents, within a framework that recognizes the contribution of all members of the health care team.

Table 7.2 provides an overview of the programs and services offered by the RHA in each community under the Core Services areas, as listed above. This is followed by a detailed description of the programs and services provided by the NOR-MAN RHA.

Table 7.2
NOR-MAN Regional Health Authority Programs & Services by Community

HEALTH SERVICES	Grand Rapids	Easterville	The Pas	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/Cold Lake	Flin Flon
a) Health Promotion/Education	I	I	✓	I	I	I	I	R	✓
b) Public Health	✓	✓	✓	✓	✓	✓	✓	I	✓
c) Diabetes Education Resource	I	I	✓	I	I	R	I	X	I
d) In-patient Hospital Services	X	X	✓	X	X	✓	X	X	✓
e) Out-patient Hospital Services	X	X	✓	X	X	✓	X	X	✓
f) Ambulatory Clinics	X	X	I	X	X	X	X	X	X
g) Physiotherapy/Occupational Therapy Services	X	X	✓	X	X	I	X	X	✓
h) Mobile Therapy Team	X	X	✓	X	X	X	X	X	✓
i) Speech Language Pathology (school-based service only)	I	I	✓	I	I	I	✓	I	✓
j) Audiology	R	R	✓	R	R	R	R	R	✓
k) Home Care	✓	I	✓	✓	✓	✓	✓	X	✓
l) Personal Care Homes	X	X	✓	X	X	✓	X	X	✓
m) Adult/Elderly Day Care	X	X	✓	X	X	X	X	X	✓
n) Community Mental Health	I	I	✓	I	I	I	I	I	✓
o) Detoxification, Treatment and Support Services	R	R	✓	R	R	R	R	R	R
p) Palliative Care volunteers	X	X	✓	X	✓	✓	✓	X	✓
q) Physician Services	I	I	✓	I	X	✓	I	X	✓

✓ = available in community X = not available in community I = available regularly on an itinerant (visiting) basis R = available in community on request

Core Service Area # 1

Health Promotion & Education Services

In the past, Health Promotion and Education services were provided regionally by two staff based in The Pas and Flin Flon. Health Promotion staff did not have regular office hours in each of the communities within the region, but were available upon request to assist citizens, community groups, and other professionals in the areas of health promotion and education.

Health Promotion staff have been involved in a number of health promotion and education initiatives in the region including:

- Community health needs assessments;
- Smoking reduction and prevention activities;
- Facilitator's training for Nobody's Perfect and Ready or Not Parenting Program;
- Fetal alcohol syndrome/effects prevention and education;
- AIDS prevention and education;
- Food security initiatives;
- Active living initiatives;
- Healthy community initiatives;
- Family, women, and youth health issues;
- Nutrition education;
- Cultural awareness;
- Community Nurse Resource Center development; and
- Operation of the NOR-MAN Health Resource Center.

In 1998, in order to increase the accessibility of health promotion and education services throughout the region, the NOR-MAN Regional Health Authority has consolidated its health promotion and education resources under one Health Promotion Team. The team works under the direction of the Director of Regional Services and consists of five staff in the region working as Health Promotion and Education Specialists. Staffing consists of 2 full-time positions in The Pas, 1 half-time position in Snow Lake and 1.5 positions in Flin Flon. The team is responsible for working directly with all communities in the NOR-MAN region. Areas of emphasis include:

- Development & staff support of the District Health Advisory Councils;
- Community development & healthy community initiatives;
- Health promotion and awareness activities;
- Community health needs assessment;
- Health education & training opportunities;
- Resource development, and
- New initiatives in identified priority areas.

In addition to the work of the Health Promotion Team, a health promotion philosophy is integrated into all Public Health programs. Public Health and nursing station staff are involved with a variety of health promotion initiatives including: (1) family health services; (2) oral health; (3) parenting/family relationship issues; (4) workshops and client education; and (5) participation in community-based initiatives when possible.

The 1998/99 NOR-MAN RHA Health Plan has identified a number of key objectives in the area of Health Promotion/ Education. These include:

- To establish a Health Promotion and Education Team within the Region in order to consolidate health promotion and education resources within the Health Authority. The Team will have a consulting and program development role as well as be required to work with assigned communities through the District Health Advisory Councils (DHAC).
- To foster healthy community initiatives throughout the region. Health Promotion staff have worked closely with the Healthy Community projects that are presently operating in The Pas, Flin Flon, and Snow Lake. Health Promotion staff will be available to assist other communities in the region to establish their own Healthy Community project.
- To develop a long term Health Promotion Strategy for delivering health promotion and education services in the region. This strategy will be developed in consultation with key stakeholders groups and local communities.
- To establish District Health Advisory Councils (DHAC) in the region to act as a focal point for community participation in health. There will be seven DHAC's including:
 1. Grand Rapids/First Nation and Easterville/Chemawawin;
 2. The Pas/Opaskwayak Cree Nation;
 3. Moose Lake/Mosakahiken and Cormorant;
 4. Cranberry Portage and Sherridon/Cold Lake;
 5. Snow Lake;
 6. Flin Flon; and
 7. Pukatawagan.
- To establish new initiatives in the region. The three priorities targeted for development in 1998/99 include:

1. **Injuries & Poisoning Prevention** - data indicates that NOR-MAN has the second highest rate of hospital cases that result from injuries and poisoning;
 2. **Healthy Lifestyle Choices** - with special emphasis in the area of preventing substance abuse and smoking among children and youth; and
 3. **Mental Wellness** - health promotion and wellness programs aimed at prevention have the potential to prevent mental health problems from becoming serious enough to warrant a mental health referral.
- To evaluate selected initiatives within the region in order to assess their achievements.
 - To expand the RHAs ability to deliver services in Cree language.

NOR-MAN Health Resource Center

The NOR-MAN Health Resource Center is located in the provincial building in The Pas. The center has a catalogued inventory of over 300 audio/visual materials in areas that pertain to the health and well being of individuals and families. These resources and audio/visual equipment are available for loan, free of charge, to any interested organization, school, community group or citizen in Northern Manitoba. Also available for the general public are a number of print resources on a variety of topics. Resource catalogues are available to any interested person and can be accessed by calling the NOR-MAN Health Resource Center at 627-8377.

The priority, as identified in the 1998/99 RHA Health Plan, for the NOR-MAN Health Resource Centre is to enhance the accessibility of the Centre and all centralized health promotion and education resources in the region. This will be accomplished in concert with local communities, Healthy Community projects and District Health Advisory Councils.

Core Service Area # 2 Health Protection

Medical Officer of Health

The NOR-MAN Regional Health Authority recently acquired the services of a full-time Medical Officer of Health (MOH). The MOH is appointed by Manitoba Health and acts in a regional capacity to advocate for the health of the entire population. Prior to 1997, services of a Medical Officer of Health were provided on an itinerant basis.

The MOH works to assess the health status and threats facing people in the region, including environmental health protection services. The Medical Officer Health works closely with the Public Health Program and Manitoba Environment in health protection matters mandated by the Public Health Act.

Public Health Services

The Public Health department of the NOR-MAN Regional Health Authority also has responsibility in the area of health protection. A complete overview of Public Health Programs and Services will be outlined in the next section.

The NOR-MAN RHA Health Plan identified a number of objectives pertaining to health protection that are priorities in the 1998/99 fiscal year. These include:

- To review the Immunization Program to obtain a detailed description of the current programs, identify gaps in process and coverage, and present recommendations for program improvements.
- To review the incidence and prevalence of communicable diseases.
- To expand the services of the Medical Officer of Health across the region, in both First Nation and Non-First Nations communities.
- To improve the coordination of public health interventions and eliminate the potentially adverse constraints imposed by jurisdictional boundaries.

Core Service Area # 3 Prevention & Community Health Services

Public Health Services

Public health services are provided on a regional level with services available in every community in the NOR-MAN region. Public health services are provided in one of two ways; either through the (1) NOR-MAN Public Health program or (2) Northern Health Services.

1. NOR-MAN Public Health Program

Public health services are provided by the NOR-MAN Regional Health Authority in the communities of The Pas, Flin Flon, Snow Lake, Cranberry Portage, Sherridon/Cold Lake, and Cormorant. The Public Health Program is supervised by a Regional Public Health Coordinator who is based in Flin Flon. Table 7.3 provides an overview of Public Health staffing levels by community:

Table 7.3
NOR-MAN RHA - Public Health Staffing Levels

Community	Public Health Staffing Levels
The Pas Public Health Unit	4 F/T Public Health Nurses 1 F/T Clerical Position
Flin Flon Public Health Unit	2 F/T Public Health Nurses 1 F/T Clerical Position
Snow Lake Public Health Unit	1 F/T Public Health Nurse/Home Care Nurse Coordinator
Cranberry Portage Public Health Unit	1 F/T Public Health Nurse (*covers Sherridon/Cold Lake)
Cormorant Nursing Station	1 F/T Public Health Nurse 1 F/T Community Health Worker
Sherridon Nursing Station	1 F/T Community Health Worker

2. Northern Health Services

Northern health services are provided in the communities of Grand Rapids, Easterville and Moose Lake. These services were not transferred under the jurisdiction of the NOR-MAN Regional Health Authority in April 1997 due to the on-going negotiations regarding transfer of health services to Swampy Cree Tribal Council that are presently underway between Manitoba Health and Swampy Cree Tribal Council. At present, Manitoba Health funds staffing and services including a contract agreement with Cree Nation Tribal Health Centre for nursing supervision. Table 7.4 provides an overview of the staffing levels under Northern Health Services:

Table 7.4
MB Health - Northern Health Services - Staffing Levels

Community	Northern Health Staffing Levels
Grand Rapids Nursing Station	3 F/T Public Health Nurses 1 F/T Community Health Worker 1 F/T Administrative Support
Easterville Nursing Station	3 F/T Public Health Nurses 1 F/T Community Health Worker
Moose Lake Nursing Station	3 F/T Public Health Nurses 1 F/T Community Health Worker 1 F/T Administrative Support (term)

All Public Health Units and Nursing Stations provide a full range of public health services in each of the communities in the NOR-MAN region as listed below:

Prenatal Education

Prenatal Education is provided by the Public Health Nurse(s) in each community in the form of prenatal classes or individual counseling. The number of programs that are offered varies from community to community as demand and numbers dictate. Information provided during prenatal sessions includes changes during pregnancy, nutrition, labor and delivery, breathing, postpartum issues for mother and baby, and immunizations.

Postpartum Follow-up

The majority of births in the region take place at either Flin Flon General Hospital or The Pas Health Complex. When possible, an initial in-hospital visit is provided by a Public Health Nurse. After discharge from the hospital, a postpartum follow-up visit is provided in the community in the form of a home or phone visit depending on the needs of the clients. Maternal postpartum services are also available to assess the physical and emotional health of mothers after their baby is born.

Child Health Clinics

Child Health Clinics are held in every community in the region on a regular basis. The frequency with which the clinics are offered ranges from weekly in larger centres to monthly in smaller communities. Services are available for parents of pre-school children and include: (1) weight and measurement; (2) physical assessments; (3) developmental screening; (4) nutritional counseling in the areas of nutritionally balanced meals for preschoolers, breastfeeding, bottle feeding, and solid introduction; and (5) immunizations.

Public Health Caseload

Families and individuals identified with actual or potential health risks receive additional ongoing planned intervention. Once the need is resolved, the client accesses the routine services as required.

Immunizations

The Public Health Nurse provides routine immunizations in each community. Immunizations are done both at the Public Health Unit/ Nursing Station as well as at local schools. Flu vaccine clinics are also provided by the Public Health Nurse for all individuals meeting the criteria as outlined by Manitoba Health or for those willing to pay for the vaccine. Immunizations for travel are also available in the region, with the exception of Yellow Fever, which requires a World Health Organization approved site.

Reproductive Health Services

Public Health Nurses provide the reproductive health services in each community including: (1) public awareness; (2) client education and counseling services; (3) family planning and management; and (4) sexuality education and counseling. Contraceptives are also provided through the Public Health Units/Nursing Stations following physicians' recommendations, prescription, or client request.

Communicable Disease Control

The Public Health Nurse is responsible for the follow-up and tracing of all reportable diseases, including sexually transmitted diseases, as outlined in the Public Health Act. Follow-up of all communicable diseases includes education regarding the disease process, treatment, prevention and contact tracing. HIV pre and post-test counseling is also available.

School Health Programs

Public Health Nurses work closely with the schools in the region in such areas as health promotion, education services, immunizations, communicable disease control, and reproductive health services. Unfortunately, services in the schools are less available now than they were in the past.

Health Promotion

A health promotion philosophy is integrated into all Public Health programs. Additional activities that Public Health/Nursing Stations are involved with include: (1) family health services; (2) oral health; (3) parenting/family relationship issues; (4) workshops and client education; and (5) participation in community-based initiatives when possible.

Additional Services

In addition to the services mentioned above, nursing station staff in the communities of Grand Rapids, Easterville, Moose Lake, Cormorant, and Sherridon/Cold Lake are responsible for providing additional services in the community in the areas of primary health care and emergency care. The staff at the nursing stations are responsible for providing primary care services in the community including: (1) access to early diagnosis, treatment and follow-up of disease; (2) assessment and treatment of minor illnesses; and (3) assessment and referral of clients to other health professionals, including physicians, as the need arises.

Emergency stabilization units are located at The Pas Health Complex and Flin Flon General Hospital. Grand Rapids has an ambulance to transport patients. Easterville, Moose Lake, Cormorant, and Sherridon/Cold Lake do not have an ambulance in the community, and as such, rely on the local community taxi to transport patients to meet the ambulance from The Pas or

Flin Flon. Additional information on emergency services is provided under Core Service Area 4 and in section 7.3.

A number of public health services are directed at pregnant women, and women who have recently had babies. A review of the needs of this client population was conducted in conjunction with the development of the 1998/99 Health Plan. Plans for the 1998/99 fiscal year address the need to engage in a focused study in the area of reproductive health issues. The areas of focus will include a more detailed review of pertinent reproductive health issues in the region with particular emphasis on the high percentage of caesarian sections performed in the region.

Diabetes Education Resource

The Diabetes Education Resource (DER) is a specialized diabetes education program available to residents of the NOR-MAN region. Staffed by two Diabetes Educators, a registered nurse and a registered dietitian, the DER team is based in The Pas and travels to seven other communities throughout the region. DER provides a schedule of visits to communities based on the level of need for diabetes education. Service is provided as follows: Flin Flon - two days per week every two weeks; Grand Rapids, Easterville, and Moose Lake - monthly; Snow Lake - every two months; Cormorant - four times per year; Cranberry Portage - three times per year; and Sherridon/Cold Lake - must access service from Flin Flon.

The DER's mandate is to ensure all person's with diabetes and their families have access to diabetes education to assist them in making informed choices and behavior changes consistent with a healthy lifestyle. Public awareness is also a responsibility of the DER team with its main purpose to enhance diabetes awareness and educate for primary prevention of Type II diabetes. The DER also acts as a resource to health professionals who deliver care to persons with diabetes. The long-term goal of the DER program is to reduce the morbidity and mortality associated with diabetes.

The 1998/99 NOR-MAN RHA Health Plan has identified two objectives pertaining to diabetes care. These include:

- To develop a partnership with Swampy Cree Tribal Council to develop a long term strategy aimed at the reduction of the number of diabetics in the region and effective treatment of people living with the disease.
- To develop a feasibility study to explore the costs and benefits of offering dialysis in local community settings.

Audiology Program

The NOR-MAN Regional Health Authority employs a regional Audiologist who works cooperatively with government, industry, schools, and communities in the region to minimize the impact of hearing loss for individuals of all ages. Presently, the Audiologist provides services in the areas of promotion, protection and prevention activities. Services include:

- Resource person in hearing health care information;
- Follow-up school screening programs;
- Information resource to industry regarding hearing conservation;
- In-service training for education and health professionals;
- Counseling and on-going screening of patients;
- Identification and registration for those who are at risk for hearing loss; and
- Amplification services for all ages.

The Audiologist is based in The Pas and provides an open referral service to all communities in the region. The Audiologist provides regular clinic in The Pas and Flin Flon and limited service in the remaining communities. Individuals requiring the services of an Audiologist must generally travel to either The Pas or Flin Flon for an appointment. Various schools and workplaces within the region offer screening programs to their constituents. Those identified through screening programs are referred to their Doctor, Audiologist or Specialist.

Core Service Area # 4

Treatment, Emergency and Diagnostic Services

The majority of Treatment, Emergency and Diagnostic Services are provided at the three hospitals in the NOR-MAN Region: (1) The Pas Health Complex; (2) Flin Flon General Hospital, and (3) Snow Lake Medical Nursing Unit. The Snow Lake MNU has limited patient capacity and is utilized primarily for stabilization purposes. Table 7.5 presents an overview of the Hospital Services that are available in the three centres.

Table 7.5
Hospital Services (NOR-MAN Region)

Beds	The Pas	Flin Flon	Snow Lake
Medical	21	19	2
Pediatrics	10	12	-
Surgery	12	8	-
Special Care Unit	3	2	-
Long Term Care Beds	60	88	2
Obstetrics	12	6	-
TOTAL	118	135	4

Programs	The Pas	Flin Flon	Snow Lake
Chemotherapy	0.4 EFT	0.4 EFT	-
Dialysis	12 patients	3 patients	-
Emergency/Outpatient	✓	✓	✓
OR/ Day Surgery	✓	✓	-
Physiotherapy	✓	✓	Itinerant
Respiratory	✓	✓	-
Occupational Therapy	✓	.5	-
Dietitian	✓	✓	-
Social Services	✓	✓	-
Aboriginal Liaison	✓	✓	-
Pharmacy	✓	✓	✓
Diagnostic-Ultrasound	✓	✓	-
Diagnostic-Lab/X-ray	✓	✓	✓

Ambulatory Clinics	The Pas	Flin Flon	Snow Lake
Post-Surgical Review	✓	-	-
Fracture Clinic	✓	-	-
Gynecology	✓ -(itinerant service)	-	-
Child Development	✓ -(itinerant service)	-	-
Pediatric Consultant	✓ -(itinerant service)	-	-
Prosthetic/Orthotic	✓ -(itinerant service)	-	-

Treatment Services

Treatment Services include services of an acute and chronic nature. The aim of this area is to treat individuals who present with medical problems or conditions and to reduce their impact. Primary health care services fall under this category and are often the first service that individuals receive when they access the health care system. Primary health care services are offered in clinics, or in the communities by physicians, nurses, and other health care

providers. In the smaller communities, the nursing station is often the first point of access for care.

Services of a specialty nature, are provided in hospitals at either The Pas Health Complex, Flin Flon General Hospital or Snow Lake Medical Nursing Unit. There are 107 acute care beds in the region and a wide range of programs and ambulatory clinics available on an in or out patient basis. The following itinerant ambulatory care clinics are available at The Pas Health Complex: (1) gynecology; (2) child development; (3) pediatric consultant; and (4) prosthetic/orthotic.

Emergency Services

Emergency Services are provided by the three Emergency Departments in the region: The Pas Health Complex, Flin Flon General Hospital, and the Snow Lake Medical Unit. Emergency services also include ground ambulance, air ambulance, and dispatch services.

Service by ground ambulance varies throughout the region. In The Pas, ambulance services are privately owned with support from the community. In Flin Flon, the ambulance is managed by the Flin Flon General Hospital. Grand Rapids, Cranberry Portage, and Snow Lake all have fully equipped ambulances but rely on volunteers to run the service. The remaining communities in the region including Easterville, Moose Lake, Cormorant, and Sherridon/Cold Lake do not have an ambulance and must transport patients via taxi to meet the ambulance from either The Pas or Flin Flon. These communities all have trained emergency response personnel who are responsible for providing first aid and stabilization services at the time of medical emergencies and also accompany the taxi when transport of patients is required. The limited ambulance service is a concern that has been expressed by communities. This concern is also accentuated by the fact that many residents also experience poor road conditions when they travel in and out of the community.

Air ambulance services include Lifeflight, Lifeguard, and both Manitoba and Saskatchewan government insured air ambulance services. Beaver Air Services and Skyward are private air carriers licensed for medical transportation. Suitable airports for linkage to the Provincial Air Ambulance Program include The Pas (Clearwater Lake), The Pas (Grace Lake), Flin Flon, Snow Lake, Grand Rapids, and Easterville. There is very limited air ambulance service to the remaining communities.

Northern Patient Transportation Program

The Northern Patient Transportation Program (NPTP) subsidizes the costs incurred by patients who must leave their home community to access health care services. The program is divided into two components:

(1) emergency/urgent cases, and (2) elective cases. Emergency/urgent cases are cases which require treatment immediately or within a few hours. These cases are generally transported by air to Winnipeg. Elective cases include those cases that require additional diagnostic procedures, medical consultation, or treatment, which are not available locally. In these cases, the patients are responsible for paying the first \$50 cost of the trip. Ground transportation is covered in most cases. Some services, which are not covered under NPTP, include chiropractic services, dental services, psychological assessment, detoxification services, and ambulance services.

Diagnostic Services

Diagnostic services include lab, x-ray, ultrasound and EKG. Routine diagnostic services are provided through Flin Flon General Hospital and The Pas Health Complex. Snow Lake Medical Nursing Unit provides a more limited service. Previous to the transfer of health services to the RHA, Rural Diagnostic Services of the Hospital and the Community Health Division of Manitoba Health operated and administered diagnostic services throughout rural Manitoba.

In the RHA Health Plan, the following priorities pertaining to Treatment, Emergency and Diagnostic Services were outlined for attention in 1998/99:

- The development of an integrated health record would be of benefit to consumers who access the health care system.
- The RHA will attempt to reclassify personal care home beds in Flin Flon that are presently designated as acute care beds.
- To gain information on inter-provincial funding of services for out-of-province patients accessing the Flin Flon General Hospital.
- To develop a Primary Health Care Plan for the region. A primary care plan is the process of being developed for The Pas catchment area. The RHA intends to develop a primary health care plan for the northern part of the region in the coming fiscal year.
- To reconcile the RHA's responsibility for emergency service provision and jurisdictional issues regarding funding for ambulance services.

- To negotiate appropriate funding levels for the Northern Patient Transportation Program following a review of costs and policies.
- To review the provision of laboratory and imaging services in the NOR-MAN region to ensure a smooth transition to regional delivery of service.

Core Service Area # 5

Developmental and Rehabilitation Services

Developmental and Rehabilitation Services are services that aim to improve the functioning of individuals with impairments or disabilities. Services in this area fall under two categories: (1) Rehabilitation Therapy; and (2) Early Childhood Intervention services. Rehabilitation Therapy services include: physiotherapy & occupational therapy, the mobile therapy team, speech language pathology, audiology, respiratory therapy, and supplementary rehabilitation therapy. Early Childhood Intervention services are provided by the Community Therapy staff at The Pas Health Complex and Flin Flon General Hospital as well as Family Service's Children's Special Services program.

Physiotherapy and Occupation Therapy Services

Physiotherapy and occupational therapy services in the region are based at The Pas Health Complex and Flin Flon General Hospital with services provided in hospitals, personal care homes and on an outpatient basis. The Pas Health Complex employs a half-time Physiotherapist and a full-time Occupational Therapist while Flin Flon General Hospital employs a full-time Physiotherapist and a half-time Occupational Therapist. Through an agreement with the Worker's Compensation Board, the physiotherapy position in both The Pas and Flin Flon has some time allocated to provide an early intervention program for injured workers.

Although the region is funded for 5.4 therapists, a high vacancy rate has been experienced over the past several years. Services to the outlying communities are limited and residents, on the most part, must travel to The Pas or Flin Flon for service. Recruitment and retention of staff has been an on-going concern for the RHA.

Mobile Therapy Team

The Mobile Therapy Team is an itinerant service provided in The Pas and Flin Flon five times a year through the Rehabilitation Centre for Children in Winnipeg. The Mobile Therapy Team consists of physiotherapy and occupational therapy team who provide consultative service to pre-school children in home and day care settings as well as school therapy for children

aged 5 to 18 years. The program is provincially funded through Manitoba Family Services, Children's Special Services. Children must meet eligibility requirements or pay for the service. This team is not accessible to those living in First Nations communities. Residents from other non-First Nations communities must travel to The Pas or Flin Flon to access the services.

Speech Language Pathology

All Speech Language Pathology services are provided in the school system through Manitoba Education or Frontier School Division. All communities have access to a Speech Pathologist in their respective schools to work with school aged children who are experiencing speech/ language problems. The NOR-MAN RHA does not employ a speech language pathologist. Residents must travel out of region to access services. This is a serious concern for pre-school children and selective portions of the adult population (i.e., stroke victims) who are experiencing speech/language difficulties. At the present time, these individuals must access speech/language services on a private basis, and must also assume the costs for these services.

Respiratory Therapy

Respiratory Therapists are based in The Pas Health Complex and Flin Flon General Hospital to participate with the health care team in the diagnosis, treatment and promotion of the well-being of patients/ residents with respiratory and associated disorders. Services provided by the Respiratory Therapists include:

- Ventilation assistance, oxygen therapy and suction therapy at the time of cardio-pulmonary resuscitation;
- Provision of respiratory equipment, advice, and skills for oxygen and suction therapy;
- Maintenance and inventory of respiratory equipment and assessment of new products.
- Initiate and monitor continuous mechanical ventilation of patients;
- Aerosol therapy and humidification therapy;
- Pulmonary function testing as required by a physician;
- Pre and post operation patient teaching;
- Assist in transfer of high risk patients;
- Developmental research activity for special need;
- In and out patient instruction for use of respiratory equipment; and
- Assistance in education and inservice training.

Supplementary Rehabilitation Services

Other select services are provided on an itinerant basis in the region or are only accessible outside the region.

The Health Plan identified three objectives relating to Developmental and Rehabilitation Support Services that are of priority in 1998/99:

- To undertake a formal review of Community Therapy Services contract.
- Ongoing recruitment of Physiotherapists and Occupational Therapists.
- To work with Manitoba Health and other key stakeholders to develop speech language services in the region.

Core Service Area # 6 Home-Based Care Services

The Home Care program is a comprehensive community-based program which provides essential in-home supports to individuals, regardless of age, who require health care services or assistance with the activities of daily living. The philosophy of the program is that individuals are more likely to achieve and maintain a high level of well-being in the familiar environment of their home as long as it is reasonably and safely possible. The program also facilitates early discharge from the hospital when appropriate, and manages the paneling for personal care placement.

The Home Care program is a regional program with sub offices in The Pas and Flin Flon. At the present time, First Nations people living on reserve are not eligible for provincially funded home care services. Referrals to the program come from individuals themselves, family members, physicians, hospital, and other helping agencies. Home Care services include the following activities:

- Assessment/determination of eligibility for Home Care;
- Assessment/planning for Personal Care Home placement;
- Nursing care including treatments, teaching, medication, dressings, respiratory treatments, palliative care nursing, administration, supervision, health promotion, and other nursing functions as the need arises;
- Personal care, including assistance with bathing, dressing, and activities of daily living;
- Basic household maintenance and laundry for health and safety reasons;

- Twenty-four hour care provided in such situations as terminal cases, clients at risk, clients awaiting placement to personal care homes, care for disabled clients in block care situations;
- Admissions to adult day programs;
- Family relief and respite services;
- Home physiotherapy and occupational therapy are provided by Community Therapy Services.
- Respiratory care, inhalation treatments, home oxygen; and
- Provision of home care supplies and equipment.

A regional Home Care Coordinator, who is based in Flin Flon, is responsible for the overall supervision of the Home Care program in the Region. There are a number of staff employed in the region by the Home Care program. Positions include:

- Resource Supervisor, a regional position based in Flin Flon, responsible for the supervision of resource staff.
- Equipment and Supplies Clerk, a half-time regional position, responsible for coordinating the inventory and distribution of all home care equipment and supplies.
- Nursing Coordination in Snow Lake is provided by the Public Health Nurse in Snow Lake as required.
- Case Coordinators (2 in The Pas, 2 in Flin Flon) who are responsible for coordinating all Home Care cases in the region. The Pas staff are responsible for the outlying areas of Wanless, Cormorant, Moose Lake, Grand Rapids, and Easterville. Minimal service is provided to these outlying communities at present. Flin Flon staff is responsible for providing service to Cranberry Portage and Sherridon (minimal).
- Resource Coordinators - 4.4 positions (2 in The Pas, 2 in Flin Flon and .4 in Snow Lake) responsible for supervision and coordination of direct service staff.
- Nursing Coordinators - .5 position in The Pas and .5 position in Flin Flon, responsible for supervision for direct nursing staff.
- Home Care Attendants - approximately 80 -100 trained direct services workers employed on a casual basis, available in all communities to provide direct care to clients. Numbers fluctuate based on staff turnover and program need. Workers must have a recognized health care training course to be employed with the program.
- Direct Nursing Care - approximately 10 to 15 Registered Nurses and 8 to 10 Licensed Practical Nurses hired on a casual basis to provide direct nursing care to clients.

In the 1998-99 Health Plan, there were three objectives pertaining to Home Care Services that need to be addressed in the region:

- To improve access to home-based care services in First Nations Communities. At present, Home Care services are not provided in First Nations communities.
- To address and facilitate the transition of clients who are moving from hospital to community and vice versa. Improvements to current discharge planning systems, more effective home based care supports and additional supports for caregivers have all been identified as needing attention.
- To review and resolve funding of Home Care equipment which was not transferred to the RHA in 1997-98.

Core Service Area # 7 Long Term Care

Personal Care Homes

Long-term care services are provided through personal and chronic care facilities. These services aim to maximize each resident's quality of life and level of functioning in the least restrictive environment possible.

There are a total of 102 long term beds available in The Pas in two facilities; 62 beds located at St. Paul's residence, which is found adjacent to The Pas Health Complex and is operated by the NOR-MAN Regional Health Authority, and 40 beds available at McGillivray Care Home which is operated by Opaskwayak Cree Nation. In Flin Flon, there are a total of 88 beds located at 3 facilities; 30 beds located at the Personal Care Home, 30 beds at Northern Lights Manor and 28 beds at the Long Term Care Unit at Flin Flon General Hospital. There are two long-term personal care beds available at the Snow Lake Medical Nursing Unit. For individuals who require long term care services and live in the outlying communities of the region, long term care space must be accessed in either The Pas, Flin Flon, or outside the region.

In the 1997/98 NOR-MAN RHA Health Plan, a number of concerns were identified regarding long-term care services. These included the need to upgrade the facilities in The Pas and Flin Flon to shorten waiting lists for long term beds and to develop special facilities for young disabled persons.

The 1998/99 Health Plan identified the following objectives pertaining to Long Term Care Services:

- To build a new Personal Care facility in The Pas. Plans to develop The Pas facility had been frozen by Manitoba Health. It has been indicated that this project has been identified as a priority when the freeze is lifted.

In the interim, the facility will be upgraded to provide a safer and more functional environment for residents.

- To examine alternative ways of responding to the needs of young disabled persons.

Adult Day Care Services

Adult Day Care services are limited in the region to the Adult Day Care Program that is presently operating in St. Paul's residence in The Pas. This program is a joint venture between The Pas Health Complex and the Manitoba Health Home Care Program which supports people who live in their own homes. The Adult Day Care Program provides supervised recreation and socialization as well as relief to family and community support services. It also provides nutritional meals, pastoral services, and safe, reliable transportation to the program for the clients.

Core Service # 8 Mental Health Services

Community Mental Health Program

The NOR-MAN Community Mental Health Program operates out of two district offices in The Pas and Flin Flon. Staff working out of The Pas provide an itinerant service to the communities of Moose Lake, Cormorant, Easterville, and Grand Rapids. Flin Flon staff provide service to the communities of Sherridon/Cold Lake, Cranberry Portage, and Snow Lake. The key objective of the Mental Health Program is to prevent or reduce the incidence of mental disorders and to restore the psychological, family, and social functioning of adults and children experiencing acute psychiatric and emotional disorders. This is achieved through the provision of broadly based community assessment and treatment programs.

The Community Mental Health Program consists of two distinct programs: the Adult program and the Child and Adolescent program. The Adult Program provide: (1) acute services for individuals who are acutely ill; (2) rehabilitation services for individuals who experience severe and persistent mental illness; and (3) psychogeriatric services for mental health services for the elderly.

The Child and Adolescent Program provides mental health services to children and adolescents, and their families. The Child and Adolescent Mental Health Workers promote the mental health of children and adolescents through three components including assessment, consultation and professional public education.

Occupational Therapy is available to clients who wish to develop or improve skills needed for daily living. There is a half-time regional Occupational Therapist who is on contract with Mental Health Services. Emergency on-call services provide after hours services to mental health clients including assessment and crisis intervention. A Proctor Program is presently being developed in the region, which trains proctors to work with clients in meeting mutually agreed upon goals. Resource development and health education services are provided in the area of mental health on a demand basis to communities.

Referrals to the Program come from individuals themselves, family members, physicians, hospital and other helping agencies. Referrals can also be made by the Mental Health Workers to a visiting Psychiatrist who holds a clinic in The Pas and Flin Flon monthly. For individuals requiring mental health services in hospital, they are, at present, referred out of the region for care.

The program is administered by a Regional Program Manager, and two Clinical Supervisors in Flin Flon and The Pas. One of the supervisors will act as Nurse Manager of an 8-bed psychiatric in-patient unit, which is scheduled for construction in The Pas in this fiscal year. Program staff include:

- Child and Adolescent Mental Health Workers - 3 positions (1 in The Pas, 2 in Flin Flon).
- Adult Community Mental Health Workers - 7.5 positions (4 in The Pas, 3.5 in Flin Flon).
- Psychogeriatric services - .5 position based in The Pas; .5 position based in Flin Flon.
- Contracts also exist with (1) Home Care for recruitment and coordination of proctors; (2) Psychiatric consultation in The Pas and Flin Flon available two days per month plus one day each month for telephone consultation; and (3) Child and Adolescent Psychiatrist provides 8 days a year of service in the region, plus telephone consultation.
- Clerical Staff - 1.5 positions (1 in The Pas and .5 in Flin Flon).

The 1998/99 Health Plan identified the need to improve access to mental health services for residents in the smaller communities. This will be accomplished through consultation with the newly formed District Health Advisory Councils, communities, families, consumers, and consumer groups.

Psychiatric In-Patient Unit

NOR-MAN region is in the process of expanding its mental health services delivery capabilities. With an eight bed Psychiatric Unit planned for The Pas Health Complex, transfer of patients outside the region to Selkirk Mental

Hospital will be reduced considerably. It is hoped by the end of the 1998/99 fiscal year that staffing of the unit will be complete. One of the biggest challenges the region has faced pertains to the recruitment and hiring of a psychiatrist for the Psychiatric Unit.

Core Service Area # 9 Substance Abuse/Addictions

There are many players in the NOR-MAN region who are involved in the area of substance abuse/addictions. The NOR-MAN Regional Health Authority is just one of the agencies who has a role in this area. The Rosaire Addictions Centre is a service provided by the NOR-MAN RHA. The work of the centre will be described in detail below.

Health promotion and public health staff have been involved in preventative aspects of substance abuse and addictions programming including work in the areas of fetal alcohol syndrome, tobacco reduction and other addiction awareness activities. Community mental health staff often deal with the precursors of addictive behavior, such as clinical depression, through their client contact. The hospitals in The Pas, Flin Flon and Snow Lake deal with the acute aspects of substance abuse, when patients require detoxification. Other agencies involved in the area of substance abuse and addictions include the Addictions Foundation of Manitoba and other community based agencies, such as the Native Alcohol and Drug Abuse program which will be described in a later section in this chapter.

Rosaire House Addiction Centre

Rosaire House is located in The Pas and serves as the residential addiction program for the NOR-MAN Region.

Funding for the Centre has historically been provided by the Addiction Foundation of Manitoba. Recently, Manitoba Health made a decision to fund the RHA directly for the Centre. The Centre provides early intervention and treatment programs for individuals who abuse drugs, alcohol and/or have a gambling addiction. Individuals requiring addiction services may contact the center directly or be referred from another care provider. Services available include:

- Residential program (28 days);
- Non-residential program (4 weeks) for those who live at home;
- Counseling service to identify individual needs for support and/or programming;
- Counseling service for spouses and/or friends of addicted persons;

- Information service - 24 hours a day;
- Follow-up counseling service for those continuing the program and want support; and
- Resource center for books, pamphlets and videotapes on addiction issues.

The 1998-99 NOR-MAN RHA Health Plan points to a number of key objectives in the area of substance abuse/addictions that need to be addressed:

- As mentioned above, there are a number of key stakeholders providing services in the area of substance abuse/addictions. A need has been recognized to complete a strategic planning exercise that involves all key stakeholders in order to determine the role of each stakeholder, identify ways to improve the current system and reduce the negative impact of substance use and other addictions in the region.
- To expand services in the area of Fetal Alcohol Syndrome/Effects. Statistics on the number of children who suffer from fetal alcohol syndrome and effects are not available; however, there is an understanding that the incidence of FAS/E is under reported and that it is a serious hidden problem in the region. Inter-agency committees have been established in Flin Flon and The Pas to address this problem. The Health Authority will also continue to be a member of these FAS/E inter-agency committees. The Health Authority will play a role in defining the scope of the problem and devising solutions that can meet the needs of children with FAS/E.

Core Service Area # 10 Palliative Care

Palliative Care is available selectively in the region for individuals whose disease does not respond to curative approaches. Support is provided to these individuals and members of the family during the end stage of their illness. Palliative care is provided both in-hospital and in the home depending on the individual's needs.

An integrative palliative care volunteer program is offered in The Pas and Flin Flon in conjunction with Home Care, The Pas Health Complex, and Flin Flon General Hospital. There are also trained volunteers in Snow Lake. This program trains volunteers to provide a continuum of care to residents who are faced with a terminal illness. The role of the volunteer is to offer support, companionship and practical assistance to clients and to their families. These services are complementary to care provided by the family, other health care personnel and clergy and include such activities as active listening;

alleviating loneliness; relieving caregivers for short periods; assisting with outings, shopping or transportation; and offering on-going support during the early grieving period.

Palliative care has not been extended to outlying areas of the region. The 1998-99 Health Plan identified the need to extend palliative care services throughout the region in the best and most culturally appropriate manner.

Core Service Area # 11 Physician Services

Physician Services were identified as a core service area in the 1988/89 NOR-MAN Regional Authority Health Plan. This was done in recognition of the unique role that physicians play in the health care system and the ongoing issue that exists in the region regarding physician recruitment and retention. The recruitment and retention of physicians is an area of concern for the NOR-MAN region. Due to the physician shortage and lack of specialists in the region, residents must often leave their communities to access health care services in other parts of the region and the province.

In communities such as Cormorant and Sherridon/Cold Lake, there is no physician coverage and residents must travel to The Pas, Flin Flon, or outside the region for access to a physician. In Grand Rapids, Easterville, Moose Lake, and Cranberry Portage, physicians provide a visiting clinic in the communities on a weekly basis. In the larger centres of The Pas, Flin Flon, and Snow Lake, physicians reside in the communities and offer regular clinics for residents. There is limited specialty services available within the region and residents must often travel out of region for services. The RHA has an arrangement with a number of specialists to provide an itinerant service to the region. As of March 1998, the following physicians are practicing in the region resulting in varying degrees of physician coverage in outlying communities:

The Pas	• Dr. Banks Medical Clinic -	Dr. A. Rudman Dr. Dentan
	• Kelsey Medical Clinic -	Dr. A. Ahweng Dr. J. Henning
	• Dr. C.T. Noel Medical Clinic -	Dr. C. Noel
	• The Pas Clinic -	Dr. P. Nehra Dr. M. Pinder Dr. S.G. Skelly
	• Northern Medical Clinic -	Dr. Cheam

- Flin Flon Clinic -
 - Dr. S. Amin
 - Dr. R. Bailey
 - Dr. W. Donaldson (Sandy Bay, Deschambault)
 - Dr. G. Clayden
 - Dr. J. Loge
- Independent -
 - Dr. F.X. Moraes
 - Dr. K. Sethi
 - Dr. P. Kucparic
 - Dr. Chistodoulou
 - Dr. Cilliers
- Snow Lake** • Dr. MacLeod
- Dr. McKenzie
- Grand Rapids** • Weekly physician coverage.
- Easterville** • Weekly physician coverage.
- Moose Lake** • Weekly physician coverage.
- Cormorant** • No physician service - must access The Pas for physician services.
- Cranberry** • Weekly physician coverage.
- Portage**
- Sherridon/Cold Lake** • No physician service - must access Flin Flon for physician services.
- Visiting Specialists (The Pas)**
 - Child Development Services – Dr. Jocelyn (2 times/year)
 - Pediatric Consultation - Dr. Saschdeva (3 times/year)
 - Prosthetic and Orthopedic Services - Dr. Engel (2 times/year)
 - Colposcopy/cyrosurgery Services - Dr. Guijon (monthly)

Other Health Service Providers

Although the NOR-MAN Regional Health Authority is the main organization responsible for the delivery of health care services in the region, there are a number of other organizations and individuals who also provide health care services. Table 7.6 provides a listing by community of the health organizations and services that operate in the NOR-MAN region:

- Cree Nation Tribal Health Centre
- Otineka Health Centre
- Addictions Foundation of Manitoba
- Dental Health Services
- Optometry Services
- Pharmaceutical Services
- Chiropractic Services

Table 7.6
Other Health Care Providers/ Services in the NOR-MAN Region

HEALTH SERVICES	Grand Rapids	Easterville	The Pas/ OCN	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/ Cold Lake	FlinFlon
a) Cree Nation Tribal Health Centre Services	✓	✓	✓(OCN)	✓	X	X	X	X	X
b) Otineka Health Centre	X	X	✓(OCN)	X	X	X	X	X	X
c) Addictions Foundation of Manitoba	R	R	✓	R	R	I	I	X	✓
d) Dentists	I	I	✓	I	X	I	X	X	✓
e) Optometrist	X	X	✓	X	X	X	X	X	✓
f) Pharmacies	X	X	✓	X	X	✓	X	X	✓
g) Chiropractic Services	X	X	✓	X	X	X	X	X	✓

✓ = available in community X = not available in community I = available regularly on an itinerant (visiting) basis R = available in community on request

Cree Nation Tribal Health Centre

Cree Nation Tribal Health Centre was incorporated March 1990. The Centre is located in the Town of The Pas at 107 Edwards Avenue. It serves seven First Nations communities that reside in the jurisdiction of two Regional Health Authorities.

The First Nations communities that fall under the jurisdiction of Cree Nation Tribal Health Centre which are located in the NOR-MAN region include Mosakahiken Cree Nation, Chemawawin First Nation, Grand Rapids First Nation and Mathias Colomb First Nation. Mathias Colomb recently transferred to the NOR-MAN Regional Health Authority, and was previously under the jurisdiction of the Burntwood Regional Health Authority. Cree Nation Tribal Health Centre also serves Sapotaweyak Cree Nation and Wuskwi Sipihk First Nation which are located in the area served by the Parklands Regional Health Authority. Cree Nation Tribal Health Centre is governed by a Tribal Health Board that is comprised of representatives of the health boards in each local First Nation community.

According to Cree Nation Tribal Health Centre Inc., its mission is to:
"provide dedicated leadership in the enhancement of self government in Aboriginal Health Care by:

- *Advising and promoting local control of health care services for each member First Nation;*
- *Educating the public to be aware of social, economic, and environmental issues in implementing the holistic approach of well-being;*
- *Revising and strengthening traditional culture;*
- *Respecting the values of all people in promoting and maintaining the Aboriginal health care delivery system;*
- *Cooperating with all levels of governments, agencies, organizations, Tribal Councils and First Nations;*
- *Integrating the knowledge, skills, and attitudes of Aboriginal Elders and young people in enhancing health care;*
- *Recognizing that everyone is a resource in the development of a sound health care system;*
- *Assisting Aboriginal people to eventually manage, administer, and provide direct services to member First Nations; and*
- *Aspiring to become leaders in community-controlled health care."*

The Centre has several goals:

- To assume co-ordination of all aspects of primary health care delivery within the Swampy Cree Tribal Council area.

- To consolidate, restructure, reorient, and upgrade programs and service to effectively and efficiently meet community needs.
- To conclude tripartite discussions and resolve the 1964 Federal-Provincial agreement impasse.
- To provide advisory management services to five bands during their development period.
- To ensure the inclusion of traditional healing approaches and culture in all program strategies and activities.

The following programs are coordinated on behalf of all member communities by Cree Nation Tribal Health Centre. The Health Centre employs approximately 20 regional staff based in The Pas.

- **Nursing Services** - The nursing coordinator is responsible for providing professional support and supervision for community-based nursing staff.
- **Health Education** - The health educator works closely with community level staff to implement health promotion/education initiatives in the member communities.
- **Prevention Programs** - The prevention program coordinator assists Native Alcohol and Drug Program (NADAP) workers in planning workshops and counseling activities pertaining to substance abuse prevention and intervention.
- **Environmental Health** - The Environmental Health Advisor provides public health inspections and education to all communities in the area of environmental health and the Public Health Act.
- **Referral Service** - A consolidated referral service is administered through the Centre in order to coordinate the scheduling of all medical appointments and travel arrangements.
- **Dental Team** - The dental team is comprised of a dentist, two dental therapists, an assistant, and a prevention worker who provide dental health services to communities on a rotating basis year round.
- **Prenatal Nutrition** - The prenatal nutrition coordinator operates a prenatal nutrition program in the communities. The goal of the program is to increase the number of healthy pregnancies and babies born by raising awareness and knowledge on prenatal nutrition and healthy lifestyles.
- **Management** - A management system has been designed to allow the member communities to direct regional service delivery in support of community based programs.

Otineka Health Centre

Opaskwayak Cree Nation was the first First Nation community to sign a three-year health transfer agreement with Medical Services in 1991. Opaskwayak Cree Nation is responsible for providing an infrastructure for community health services in Opaskwayak Cree Nation. Otineka Health Centre was established to administer all community health services in the community. The services provided through Otineka Health Centre include:

- **Maternal and Child Health** - well baby clinics, pre/postnatal visits.
- **Communicable Disease Control** - immunizations, sexually transmitted diseases, follow-up, education, prevention, and teaching.
- **Health Education Programs** - diabetic clinics, blood pressure clinics, prenatal workshops, health fairs, nutrition bingos, women's health programs, etc.
- **Mental Health Services** - maintaining prescription regime and injections, counseling, and referral.
- **Chronic Disease Services** - influenza vaccinations, home visits, monitoring diabetics, patient teaching, hospital visits, and follow-up.
- **School Health Programs** - immunizations, health promotion, and teaching.
- **Environmental Health Programs** - inspections (food service industry), garbage disposal, and water treatment plant.
- **Referral Program** - medical travel arrangements.
- **Non-insured Services** - dental and vision care, equipment.

Addictions Foundation of Manitoba

The Alcoholism Foundation of Manitoba was formed in 1956 in order to provide facilities and services for treatment and rehabilitation of alcoholics, counseling, prevention, and research. In 1976, the Foundation expanded its mandate to include treatment and services related to the use of other drugs. In 1993, its mandate was again expanded to include gambling addictions, and as such, the Foundation's name was changed to the Addictions Foundation of Manitoba in order to reflect the broader services it now provides.

The northern regional office for the Addictions Foundation of Manitoba (AFM) is based in Thompson, with field offices in Flin Flon and The Pas. There are 4 AFM staff employed in the NOR-MAN region. One position, based out of The Pas, is designated for prevention and education. Two staff members work out of the field offices as rehabilitation workers, and one staff member works out of Flin Flon as a community addiction worker. The Flin Flon field office provides service to Flin Flon, Snow Lake (monthly), Cranberry Portage (weekly), and Sherridon/Cold Lake. Sherridon/Cold Lake residents must access AFM services in Flin Flon when required. The Pas field office provides service to The Pas and the communities of Grand Rapids, Easterville, Cormorant, and Moose Lake on a request basis. The following programs are offered through the AFM:

- **Prevention and Education Services** - Prevention and Education staff are available to assist communities in the following areas: (1) education and training opportunities; (2) community consultation to assist communities that wish to address issues relating to alcohol, drugs, and gambling; (3) information services and resources; (4) service requests to participate in community events; and (5) assistance with Employee Assistance Programs.
- **Community-based Counseling Services** - The AFM offers a variety of counseling services.
- **Impaired Driver's Program** - Under the Manitoba Highway Traffic Act, any Manitoban convicted of impaired driving or an administrative suspension must enter the Impaired Drivers' program for assessment before their driver's license is reinstated. Based on the assessment, there may be a need for a referral to attend an education workshop, high-risk program and/ or treatment program.
- **Gambling Services** - The AFM provides a number of services to assist individuals with gambling problems. Available services include: (1) individual counseling; (2) group treatment program; (3) family program; (4) prevention and education services; (5) adolescent services; and (6) general information and resources.
- **Family Program** - Friends or family who are close to an individual who has an addiction are directly affected by the behavior. AFM counselors are available to assist families in dealing with these problems.
- **Adolescent Program** - Staff are available to work with the community and schools to promote alcohol and drug-free lifestyle activities, education opportunities and to provide non-residential treatment services for youth aged 12 to 18 years.

- **Rural and Northern Youth Intervention Strategy (RYNIS)** - RYNIS is available in selective schools throughout the Province to meet the increased demand for youth alcohol and other drug services. In NOR-MAN, the service is available in The Pas three days a week and in Cranberry Portage one day a week. RYNIS provides early intervention and treatment services for youth affected by alcohol/drug or gambling problems.

Dental Health Services

Dental health services are concentrated in the larger urban centres of The Pas and Flin Flon. There are two dental clinics in The Pas and one dental clinic and three independent dentists in Flin Flon. Limited orthodontic work is available on an itinerant basis in The Pas and Flin Flon. For access to orthodontic, surgical and other more sophisticated dental procedures, residents may access the service in either The Pas, Flin Flon, depending on level of service required, or may be referred out of the region.

A dentist from Flin Flon provides a dental clinic for basic dental work at the Snow Lake Health Centre two days every other week. The First Nations communities of Grand Rapids, Chemawawin and Mosakahiken, Mathias Colomb, and Opaskwayak Cree Nation have a dental team which consists of a dentist, two dental therapists, an assistant, and a prevention worker who visit the communities on a rotating basis year round. The remaining communities of Cormorant, Cranberry Portage, and Sherridon/Cold Lake have no dental services in their community and must travel to either The Pas, Flin Flon, or outside the region for dental services.

Optometry Services

Optometry services are only available in The Pas and Flin Flon. There are two Optometrist offices in The Pas and one in Flin Flon. Snow Lake is the only other community in the region who has access to an Optometrist, but on a very limited basis, approximately two times per year. Residents from the outlying areas of the region are required to travel outside their community to The Pas or Flin Flon or outside the region to access the services of an Optometrist.

Pharmaceutical Services

The level of pharmaceutical services varies throughout the region. Pharmaceutical services include independent pharmacies as well as pharmacies operating in the three hospitals in the region through the NOR-MAN Regional Health Authority. In The Pas, there are two independent

pharmacies, one located in the Town of The Pas and the other located on Opaskwayak Cree Nation at Otineka Mall. In Flin Flon, there are three independent pharmacies in the city. Snow Lake has one pharmacy, which is located in the Snow Lake Medical Nursing Unit and is owned and operated by a local physician. In Cranberry Portage, there are no pharmacies in the community and for the most part, residents access pharmaceutical services in The Pas or Flin Flon. There is an agreement with the Flin Flon Pharmacy Dispensary to send prescribed medications through the doctor's clinic to distribute to clients in Cranberry. There are no pharmacies in Grand Rapids, Easterville, Moose Lake, Cormorant, and Sherridon/Cold Lake. The nursing stations do carry limited supplies of some medications.

The Pas Health Complex, Flin Flon General Hospital, and Snow Lake Medical Nursing Unit operate pharmacies for in-patient and emergent needs. The hospital pharmacies stock medications for all wards and are available on a consultative basis to answer questions regarding medication use by patients and staff. Other services provided through the pharmacy departments include: (1) completing patient medication profiles on all patients admitted; (2) running a Post-MI Teaching program for all patients that are admitted; (3) undertaking projects regarding new drugs; (4) keeping updated journals and literature on hand; and (5) ordering other drugs from the Emergency Drug Release Program for a physician when requested.

The pharmacy at The Pas Health Complex also provides pharmacy services to the six northern nursing stations. Medications that are stocked at Grand Rapids, Easterville, Cormorant, and Moose Lake nursing stations include: (1) medications that are given to the patient along with usage instructions; and (2) medications that are administered to the patient at the nursing station. The stations are stocked with short term medications, a limited supply of long term medications and a small amount of emergency drugs. Cranberry Portage and Sherridon/Cold Lake are stocked with similar medications as the other four stations but in smaller amounts and with virtually no emergency supplies. Pharmacy staff act as a resource to staff in the nursing stations to answer any questions regarding drug therapies or medication use. On-site visits are provided quarterly to Grand Rapids, Easterville, Moose Lake, and Cormorant, and annually to Cranberry Portage and Sherridon/Cold Lake.

Chiropractic Services

Chiropractic services are available in The Pas and Flin. A chiropractor from The Pas also provides services to Snow Lake approximately once per month. Residents in outlying communities requiring the services of a chiropractor must travel to The Pas, Flin Flon, or outside of the region.

7.3 Emergency Services

This section of Chapter 7 will examine the availability of emergency services including police, fire, ambulance and other emergency services/response systems in communities throughout the NOR-MAN region. Information contained in this section will demonstrate that the level of service varies from community to community, with the largest area of concern expressed by many of the outlying communities being the lack of ambulance services available in their community. Remoteness, the distance between outlying communities and larger centres, and road conditions have been identified as issues which restrict access to needed services.

Police Services

The Royal Canadian Mounted Police (RCMP) have the following detachments and staffing levels available in the NOR-MAN region:

- Grand Rapids - seven officers, also provides service to Easterville/Chemawawin.
- The Pas - 29 officers, also provides service to Cormorant.
- Moose Lake - 4 officers.
- Snow Lake - 3 officers.
- Cranberry Portage - 4 officers, also provides coverage to Sherridon/Cold Lake.
- Flin Flon - 12 officers.

The First Nations communities all employ Band Constables through their Band Offices who work closely with the RCMP. The communities of Grand Rapids, Easterville and Cormorant also employ a community Constable.

The mandate of police services is twofold: (1) to respond to criminal activities; and (2) to promote public safety through crime prevention. Crime rates provide information on the effectiveness of these services, although they are also affected by more complex psychological, social and economic factors operating in communities. Table 7.7 provides crime statistics pertaining to specific crimes that were committed during 1995 and 1996. A discussion of the crimes committed in each community is also provided for information.

Grand Rapids/Grand Rapids First Nation

Crime rates in the Grand Rapids area have remained relatively stable from 1995 to 1996, with a few notable exceptions. There were three areas where the community has seen a significant increase in the level of crime:

- (1) Other Criminal Codes which includes such activities as bail violations and disturbances, increased from 188 in 1995 to 268 in 1996;
- (2) Alcohol Abuse Cases, which increased from 160 in 1995 to 204 in 1996; and
- (3) Young Offenders Cases, which increased significantly from 38 in 1995 to 124 in 1996.

Easterville/Chemawawin First Nation

In a key informant interview with the RCMP, it was noted that there appeared to be little crime in the Easterville area according to the official statistics. Further, crime appeared to have decreased. The four most significant decreases noted were in the areas of:

- (1) Break and Enters, which decreased from 8 in 1995 to 2 in 1996;
- (2) Total Criminal Code, which decreased 50% from 22 in 1995 to 11 in 1996;
- (3) Criminal Code Traffic, e.g., impaired, which decreased from 9 in 1995 to 2 in 1996; and
- (4) Alcohol Abuse Cases, which decreased from 14 in 1995 to 1 in 1996.

The Pas and Surrounding Area

There was an increase in crime in The Pas and surrounding areas from 1995 to 1996. This overall increase can be attributed to increases in 6 individual offense categories:

- (1) Offense, non-sexual, which increased from 408 in 1995 to 558 in 1996;
- (2) Theft, which increased from 258 in 1995 to 411 in 1996;
- (3) Other criminal code violations, such as bail and disturbance of peace, which increased from 1,204 in 1995 to 1,512 in 1996;
- (4) Total Criminal Code violations, which increased from 2,467 in 1995 to 2,917 in 1996;
- (5) Offenses that are included under the Young Offenders Act, which increased from 164 in 1995 to 191 in 1996; and
- (6) Spousal Assaults, male offender, which increased from 107 in 1995 to 130 in 1996.

Of interest, The Pas had seen a significant decrease in the category "Criminal Code Traffic Offenses, e.g., impaired," which decreased from 142 in 1995 to 87 in 1996.

The decrease in criminal offenses in this category and in others was attributed by the RCMP, in part, to a Citizens on Patrol Program (C.O.P.P.). C.O.P.P. has become an important crime prevention group by being the "eyes and

ears" for the RCMP and providing regular patrols throughout the community. In a key informant interview with the RCMP, it was noted that C.O.P.P. had been instrumental in reporting a number of crimes in action including impaired driving, thefts, property damage and break and enters.

There were two areas that were identified in the key informant interview as a prime concern for The Pas and surrounding area. The first was in the area of drug offenses in the community. Statistics illustrate that although the RCMP had seen a decrease from 48 drug offenses for The Pas and surrounding area in 1995 to 42 offenses in 1996, the RCMP reported that the nature and types of offenses are becoming more serious. There seemed to have been more trafficking occurring in the past two years of stronger narcotics, such as cocaine. There had also been three major drug busts and a marijuana growing operation reported in the past year. The second area of concern pertained to street gangs, and the fact that gangs from Winnipeg had been actively recruiting members in The Pas.

Moose Lake/Mosakahiken Cree Nation

There has been a detachment stationed directly in Moose Lake for the past four years. Previous to this, all policing was available on an itinerant (visiting) basis from the RCMP detachment in The Pas. In a key informant interview with the RCMP, it was apparent that the RCMP believed that having a RCMP detachment in Moose Lake has assisted in the steady decline the community has seen in crime rates. One example that was provided was in the area of murders. In the year prior to the local RCMP detachment coming to Moose Lake, there were four murders in the community. Over the past four years since having the detachment, there has been one murder in the community.

The statistics presented for Moose Lake in Table 7.7 indicate that crime rates have, for the most part, remained stable or have decreased over the two-year period. Areas where there has been a significant decrease include:

- (1) Intoxicated Persons Detention offenses, which decreased from 281 in 1995 to 117 in 1996;
- (2) Total Provincial offenses, excluding traffic, which decreased from 376 in 1995 to 195 in 1996; and
- (3) Criminal Code Traffic offenses, which decreased from 197 in 1995 to 112 in 1996.

Table 7.7
RCMP Statistical Data 1995-96 - NOR-MAN Region

INVESTIGATIONS	Cranberry Portage		Cormorant		Easterville		Flin Flon - City		Flin Flon - Rural		Grand Rapids	
	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996
Offenses Against Persons, sexual	32	32	0	3	1	0	14	21	1	1	13	16
Offenses, non-sexual	9	17	3	13	2	3	129	114	0	1	175	181
Break & Enter	41	21	5	4	8	2	78	78	8	2	95	88
Theft of Motor Vehicle	4	4	2	1	0	0	11	14	0	2	23	16
Thefts, over & under \$5,000	31	23	3	4	1	0	221	284	13	11	63	40
Frauds	2	1	0	2	0	2	37	47	0	0	9	9
Other Criminal Codes, e.g., bail	184	135	7	11	9	4	668	547	15	6	188	268
Total Criminal Codes	306	236	20	38	22	11	1166	1109	37	23	584	639
Drug Offenses	17	5	1	0	3	0	16	26	0	0	8	3
Intoxicated Persons Detention	44	30	0	0	0	0	145	214	0	0	56	19
Liquor Control Act	49	20	2	2	0	1	109	104	2	4	38	23
Total Provincial, excl. traffic	136	67	4	11	0	2	390	490	10	13	153	91
Traffic Accidents	38	34	4	4	5	0	213	188	31	26	78	43
Criminal Code Traffic, e.g., impaired	12	9	3	2	9	2	48	55	6	1	53	38
Alcohol Abuse Cases	44	30	4	7	14	1	133	188	1	1	160	204
Young Offenders Act	44	30	3	5	0	2	87	57	4	1	38	124
Spousal Assaults - Male Offenders	6	8	0	1	1	0	61	22	0	0	55	46
INVESTIGATIONS	Moose Lake		Pukatawagan		Sherridon		Snow Lake		The Pas - Town		The Pas - Rural	
	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996
Offenses Against Persons, sexual	7	7	19	13	1	0	3	1	16	23	26	26
Offenses, non-sexual	87	75	208	157	13	21	23	14	223	312	185	246
Break & Enter	70	76	75	66	8	7	12	8	134	149	76	87
Theft of Motor Vehicle	3	4	8	8	0	3	4	3	40	26	24	22
Thefts, over & under \$5,000	48	37	87	69	4	6	37	43	137	302	119	109
Frauds	2	6	6	7	1	0	14	9	74	49	25	24
Other Criminal Codes, e.g. bail	374	365	576	586	32	29	93	80	797	1105	407	407
Total Criminal Codes	597	576	984	911	61	67	188	158	1585	1993	882	924
Drug Offenses	5	5	10	4	0	0	6	12	37	28	11	14
Intoxicated Persons Detention	281	117	233	376	1	0	3	5	739	865	125	137
Liquor Control Act	75	62	35	33	3	2	22	9	174	212	66	72
Total Provincial, excl. traffic	376	195	333	432	7	4	43	40	1035	1218	291	290
Traffic Accidents	13	16	13	8	4	2	35	45	196	171	48	50
Criminal Code Traffic, e.g., impaired	197	112	15	15	3	3	18	23	79	65	33	22
Alcohol Abuse Cases	229	231	493	588	18	15	15	7	345	391	245	202
Young Offenders Act	50	46	63	81	7	4	24	23	105	151	59	40
Spousal Assaults, Male Offender	27	18	26	40	5	5	3	5	61	70	46	60

Cormorant

Crime levels in Cormorant had remained fairly stable over the two year period. In a key informant interview with the RCMP, it was noted that the 1995 and 1996 levels were not alarming, and were similar to those of other communities of Cormorant's size and location. There were a few areas in which crime appeared to have been on the rise in the community. These areas included:

- (1) Offenses Against Persons, sexual crimes, which increased from 0 offenses in 1995 to 3 in 1996;
- (2) Offenses Against Persons, non-sexual, which increased from 3 offenses in 1995 to 13 in 1996;
- (3) Total Criminal Codes, which increased from 20 offenses in 1995 to 38 in 1996; and
- (4) Total Provincial, excluding traffic, which increased from 4 offenses in 1995 to 11 in 1996.

Snow Lake

In Snow Lake, crime statistics outlined in Table 7.7 reveal that crime levels are low and there are no areas of concern in the community; however, there was a small increase in the number of thefts that had taken place from 1995 to 1996.

Cranberry Portage

In Cranberry Portage, the crime statistics outlined in Table 7.7 reveal that crime had either decreased or stayed the same in the majority of categories. There were four crime categories where there had been a significant decrease in the number of offenses:

- (1) Break and Enters, which decreased from 41 offenses in 1995 to 21 in 1996;
- (2) Other Criminal Code violations, e.g., bail violations and disturbance of peace, which decreased from 184 offenses in 1995 to 135 in 1996;
- (3) Total Criminal Code violations, which decreased from 306 offenses in 1995 to 236 in 1996; and
- (4) Total Provincial offenses, excluding Traffic, which decreased from 136 offenses in 1995 to 67 in 1996.

In a key informant interview it was speculated that the youth curfew that was instituted in the community two years ago might have contributed to the reduction of such crimes as break and enter, and thefts.

Sherridon/Cold Lake

Sherridon and Cold Lake are policed by the RCMP detachment from Cranberry Portage. Officers come to the community once a month or when required. Table 7.7 provides an overview of the amount and nature of crime in Sherridon/ Cold Lake over a two-year period.

There are no areas that were of major concern to the RCMP and the community. Crime rates had been fairly stable with the exception of category "Offenses Against Persons, non-sexual" which had increased from 13 offenses in 1995 to 21 offenses in 1996.

Flin Flon and Surrounding Area

Table 7.7 indicates that crime levels in the Flin Flon area were significantly lower than The Pas in all crime categories. The number of crimes committed in Flin Flon remained fairly stable over the two-year period with only three areas of significant increase:

- (1) Thefts, over/under \$5,000, which increased from 234 offenses in 1995 to 295 in 1996;
- (2) Total Provincial violations, excluding traffic, which increased from 400 offenses in 1995 to 503 in 1996; and
- (3) Alcohol Abuse Cases, which increased from 134 offenses in 1995 to 189 in 1996.

Significant decreases in crime were evident in the following areas:

- (1) "Other" Criminal code violations, which decreased from 683 offense in 1995 to 553 in 1996;
- (2) Young Offenders Act offenses, which decreased from 91 offenses in 1995 to 58 in 1996; and
- (3) Spousal assaults, male offenders, which decreased from 61 offenses in 1995 to 22 offense in 1996.

Fire Services

All communities situated in the NOR-MAN region have some form of fire fighting services in the community. Most fire departments within the region are volunteer in nature.

Grand Rapids/Grand Rapids First Nation

Grand Rapids has two volunteer fire departments, one that serves the town and the reserve and the other that serves Manitoba Hydro. There are two fire

trucks that are well equipped with water tanks, extra pumps, turn-out gear, air packs and rescue equipment. The Department of Natural Resources also employs fire fighters in an event of a forest fire. In 1996, there were 4 brush fires and 5 fires in the community, 3 of which were in Grand Rapids First Nation and 2 in the Town of Grand Rapids. It was noted that the number of fires in the community has been reduced considerably and that this could be attributed to the good fire prevention work, resources and practices that are in place in the community.

Easterville/Chemawawin First Nation

Easterville and Chemawawin First Nation have a combined volunteer fire unit comprised of twelve volunteer fire fighters. There are two fire halls in the community, but one doesn't get used very often. Fire fighting capability on the community side is based on a small "fast attack" vehicle with limited water supply, hoses and equipment. Additional portable forestry-style equipment is available for grass and brush fires. Chemawawin has its own water truck that delivers water, when required, to all residents. They also have a fire truck and a pipe system for a fire hydrant that is located at the south end of the community. There were three house fires in 1996-97 in the communities of Easterville/Chemawawin First Nation.

The Pas and Surrounding Area

The Pas and Opaskwayak Cree Nation (OCN) both have volunteer fire departments that serve their communities. Each department has a full-time Fire Chief. In 1996, The Pas Fire Department received a total of 81 calls with a total dollar loss of \$185,500. The most frequent emergency calls were for assistance (22 calls); false alarms (20 calls); and grass/ bush miscellaneous fires (11 calls). OCN reported a total of 57 requests for emergency fire services in 1995/96, which decreased from 87 calls in 1993/94. The highest number of calls was for grass fires (23 calls); and house fires (20 calls).

Moose Lake/Mosakahiken First Nation

Moose Lake has a volunteer fire department and an equipped fire truck that services both the communities of Moose Lake and Mosakahiken First Nation. Mosakahiken First Nation does not have any fire equipment except fire extinguishers. The community accesses Moose Lake for fire services. In the past year, there were three house fires reported. Natural Resources also has a fire tac crew which employs six people from May to August.

Cormorant

Cormorant operates a volunteer fire department that consists of a volunteer fire chief and approximately fourteen trained volunteers. Fire service equipment includes a well-equipped fire truck and a community fire hall. Portable forestry equipment is also available for grass and brush fires. It is reported that the community has approximately two to four fires within the community and a similar amount of bush fires, on average, each year.

Snow Lake

The Town of Snow Lake Volunteer Fire Department consists of a fire chief and deputy chief and an eighteen (18) person crew. Fire service equipment includes one 1978 GMC 840 gallon pumper, one 1983 Dodge 250 gallon foam/pumper, one 1994 Rescue Truck, and an assortment of rescue equipment such as the jaws of life, cutters, generator and pumps. The Fire Department responds to an average of ten (10) fires per year, which range from bush fires to vehicle and structure fires. The department is confident that it can handle all fires in the area with the exception of large bush fires. The Manitoba Provincial Helitac camp is equipped to fight all bush fires in this region and is located 16 kilometers south of Snow Lake at Wekusko Falls.

Cranberry Portage

Cranberry Portage operates a volunteer Fire Department that consists of a fire chief and sixteen trained volunteers. Fire service equipment includes a pumper truck. In 1995-96, the Fire Department responded to a total of eighteen forest fires in the Cranberry Portage district and two house fires in the community itself.

Sherridon/Cold Lake

The Sherridon Community Council has a volunteer fire crew that consists of one fire chief and seven fire fighters. The Volunteer Fire Crew has a 750 gallon pumper truck fully equipped to fight house fires. Natural Resources have a fire tac crew based in Sherridon available to fight bush fires. This crew consists of a fire ranger and four fire fighters. One fire was reported in the community in 1996. Six bush fires were reported around the community during the summer of 1997.

Flin Flon and Surrounding Area

Flin Flon operates a volunteer fire department. Statistics for 1995 indicate that Flin Flon received a total of 52 calls for assistance with 15 calls

pertaining to single family dwelling fires, 12 calls for fires in public buildings and 8 calls each for fires in multi-family dwellings and vehicles.

Ambulance Services

The NOR-MAN region covers a large area and the quality of road conditions in some areas is less than adequate. The poor road conditions are perceived to affect the availability of ambulance services, and to place local community members at risk. In many communities, including Easterville, Moose Lake, Cormorant, and Sherridon/Cold Lake, there is no ambulance in the community and the community residents must be transported with a nurse or trained first aid responder via taxi to meet an ambulance from either The Pas or Flin Flon. For the residents of some communities, the nearest trauma unit is 1 – 2 hours away.

The communities of Grand Rapids, The Pas, Snow Lake, Cranberry Portage, and Flin Flon have an ambulance service in the community. Grand Rapids' ambulance van is fully equipped with three available drivers and attendants. Government Air Ambulance is also available for emergencies.

Snow Lake's ambulance service is funded by the municipality and is dispatched out of the Snow Lake Medical Nursing Unit. The community of Snow Lake has 2 full-time fully equipped ambulances with twenty-four hour on-call volunteers. The ambulance services include eleven emergency responders and three driver attendants. In addition to responding to emergencies experienced by community residents, the ambulance service also responds to both HBM&S and TVX mines. Each of the mines has a trained mine rescue team to assist if a major incident in the area was to occur.

The Cranberry Portage Ambulance Service is a privately owned service and has 12 trained volunteers who provide a two unit, 24 hour a day, 365 days a year service to an area reaching out from Cranberry Portage to Baker's Narrows, Wanless, Reed Lake, the Sherridon Road and the logging operations work-sites. The Pas has a volunteer ambulance service that is provided by Hemauer Funeral Home. Flin Flon's service is operated through Flin Flon General Hospital.

Air Ambulance services are also available in the region through Lifeflight. Lifeflight is an air ambulance service coordinated through Manitoba Health to transport seriously ill and injured residents to access services at tertiary care centres such as Health Sciences Centre or St. Boniface Hospital, or at centres outside of the Province. There were a total of 612 flights of the Lifeflight Air Ambulance made in 1995.

Other Emergency Services

There is no 911 service available in the NOR-MAN region. All emergencies are funneled through either the Nursing Stations in the outlying communities, the hospitals in larger centers and/or through the local RCMP detachments. All communities have an emergency preparedness plan in place that deals with major disasters.

7.4 Child and Family Services

This section of Chapter 7 provides a description of the services available for children and families in the NOR-MAN region. As a general comment, services for children and families have been described as limited in the region, especially in the smaller and remote communities. Flin Flon and The Pas benefit from a wider range of services because they act as regional centres for child and family focused programs. The outlying communities tend to rely on these larger centres for service and support, and some only have minimal infrastructures in place to respond to the needs of children and families. This is especially true with respect to services of a supportive, treatment or preventative nature.

Services for children and families that will be described in this sub-section of the report include:

- Manitoba Family Services
 - Child and Family Services
 - Community Living and Vocational Rehabilitation
 - Child Day Care
- Income Security
- Cree Nation Child and Family Caring Agency
- Family Resource Centres & Brighter Futures programs
- Prenatal Nutrition program
- Subsidized housing

An inventory of the services in the NOR-MAN region for children and families can be found in Table 7.8.

Table 7.8
Inventory of Child & Family Services by Community in NOR-MAN Region

CHILD & FAMILY SERVICES	Grand Rapids ¹	Easterville ¹	The Pas ¹	Moose Lake ¹	Cormorant	Snow Lake	Cranberry Portage	Sherridon/ Cold Lake	Fin Flon
a) Child & Family Services Cree Nation Child & Family Caring Agency	✓ - vacant	I	✓	I	I	I	I	I	✓
b) Child Day Care	✓	X	✓	X	X	✓	✓	X	✓
c) Comm. Living & Voc Rehab	R	R	✓	R	R	R	R	R	✓
d) Family Resource Centre/ Brighter Futures	✓	✓	✓	✓	X	X	✓	X	X
e) Prenatal Nutrition Program	X	X	I	X	X	X	✓	X	I

✓ = available in community X = not available in community I = available in community on a itinerant (visiting) basis R = available regionally

¹ Includes town and First Nations community

Manitoba Family Services

Manitoba Family Services offers three programs in the NOR-MAN region:

- (1) Child and Family Services;
- (2) Community Living and Rehabilitation Services; and
- (3) Child Day Care.

The compliment of staff employed by Family Services is listed in Table 7.9

Table 7.9
Family Services Staffing Complement

Program	The Pas	Flin Flon
Child & Family Services	7	5
Family Conciliation	0	1
Community Living & Rehabilitation Services	2	2
Child Day Care	.3	.4
Administrative Support	4.5	2

Child and Family Services

Child and Family Services is a regional program with area offices based in The Pas and Flin Flon. Child and Family Services staff in The Pas provide coverage to the communities of Grand Rapids, Easterville, Moose Lake, and Cormorant while Flin Flon based staff serve the communities of Snow Lake, Sherridon/Cold Lake and Cranberry Portage. Service is provided to outlying communities on an itinerant basis as follows:

- Grand Rapids - weekly service. (note: position in Grand Rapids presently vacant)
- Easterville - on an as needed basis
- Moose Lake - weekly service
- Cormorant - weekly service
- Cranberry Portage - weekly service
- Snow Lake - bi-weekly service
- Sherridon/Cold Lake - monthly service

The goal of Child and Family Services is to strengthen family functioning, with the aim of protecting children and empowering families. An intake process is the initial point of referral to determine the needs of clients. Either families or children may access the following services that are available through Child and Family Services.

- Protection Services - are provided in the areas of child neglect and abuse and include: an investigation; assessment of children and family needs; counseling and support services; placement if necessary; and educating the community on issues related to child abuse. Emergency and after hour services are provided on an on-call basis.
- Counseling and Support - a voluntary service available to any families needing support.
- Expectant Parent Program - the focus of the program is to promote responsible and informed decisions about pregnancy, birth resolution and parenting as well as to provide support for young parents. The program is provided by a multi-disciplinary team. Clients are assisted in their decision to keep or relinquish their baby and counseled about pregnancy and related issues. The program also coordinates placement resources and provides supports.
- Children in Care - a range of resources are available to provide care, nurturing and supervision to children in care. The healthy growth and development of children is ensured through assessment, case management, planning, counseling, and support.
- Foster Care - temporary foster care in a family setting is provided to children in care. Services include recruitment, assessment, and approval of foster homes; training; development of resources; and community education.
- Family Conciliation - offers support for families who are in dispute during times of separation or divorce. Services are provided either at the request of the court or directly by family members and include the development of court assessment reports; mediation and counseling services; information and referral; and public education.
- Adoption and Post Adoption Services - children who are permanently separated from their parents can benefit from placement with a substitute family, either through agency or non-agency adoption. For every adoption the following services are available: recruitment; assessment and approval of homes; group information sessions; placement; support and

monitoring and final reports to the court. Post adoption services include social history research, counseling, and assistance with the post adoption process and facilitation of reunions.

Community Living and Vocational Rehabilitation Services

Under the auspice of Manitoba Family Services, the Community Living and Vocational Rehabilitation Services program is responsible for delivering two distinct programs:

- (1) Adult Services; and
- (2) Children's Special Services.

These programs are delivered on a regional basis by Community Service Workers from sub-offices in The Pas and Flin Flon. Services are provided to the outlying communities on an as needed or referral basis from Flin Flon or The Pas. A Behaviorist Specialist, based in The Pas, is also available to provide support and assistance throughout the region with behavioral problems and/or early childhood intervention.

Adult Services consists of two components: (1) Supportive Living and Day Services; and (2) Vocational Rehabilitation. Supportive Living and Day Services provide residential, day and support services to assist adults with a mental disability to maximize their independence and live in the community in the least restrictive manner possible. Independent living facilities are available in The Pas and Flin Flon. This is a concern in the outlying communities as individuals requiring supportive living arrangements must leave their home community. The second area, Vocational Rehabilitation Services, assists eligible adults with a disability in securing gainful employment through the vocational training, education and support services.

Children's Special Services supports families to care for children with disabilities and promotes the development of community supports in order to enable children to remain with their families in their home communities. These supports may include:

- Respite care;
- Child development services;
- Transportation assistance;
- Specialized equipment and supplies; and,
- Professional services.

Child Day Care

The Child Day Care program licenses and monitors day care centers, family day care homes and nursery programs in the region. The Coordinator of the Child Day Care program is based in Flin Flon and provides services to communities in the areas of:

- Information and resource to communities;
- Financial administration for delivery of the program;
- Program establishment and development of facilities; and
- Administration of the Children with Disabilities program.

At present, there are licensed day care facilities available in Grand Rapids, The Pas, Opaskwayak Cree Nation, Cranberry Portage and Flin Flon. In the remaining communities, child care is generally arranged on a private basis.

Cree Nation Child and Family Caring Agency

The head office of Cree Nation Child and Family Caring Agency is located in Opaskwayak Cree Nation. This Aboriginal agency is governed by the Swampy Cree Tribal Council and is managed by an Executive Director who reports to a Board of Directors comprised of representatives from each First Nations community. Cree Nation Child and Family Caring Agency provides services to the communities of Opaskwayak, Mosakahiken, Grand Rapid, Chemawawin, Mathias Colomb, Sapotaweyak and Wuskwi Sipiik First Nations.

The goal of the agency is to *"provide for the support, strengthening and unity of children and families living within the communities of the Swampy Cree Tribal Council, by providing community based and locally controlled services and programs"*. The subsidiary agreement with the Province of Manitoba stipulates that the agency shall provide programs and services in at least the following areas:

- Community education and development;
- Family support;
- Child protection;
- Children in care;
- Adoption;
- Post adoption repatriation;
- Young offenders referred for services or in the care of the Agency; and
- Outreach/ liaison with off-reserve services.

Family Resource Centres & Brighter Futures Programs

There are three Family Resource Centres in the NOR-MAN region, which are located in The Pas, Snow Lake and Cranberry Portage. The Pas Family Resource Centre and Cranberry Portage Child and Family Resource Centre have been in operation since 1994. These centres are funded through a federal grant under the Community Action Program for Children (CAPC). Funding has been secured at least until March 31, 2000. Both centres have been very effective at providing a host of programs and services for children and families. Programs and services offered through the centres can be divided into four main areas:

- (1) Parent Education including programs such as Nobody's Perfect, Ready or Not, Developing Capable People, How to Talk so Kids will Listen, Positive Indian Parenting, STEP parenting, and STEP teen.
- (2) Child and Youth Services such as Intervention and Enrichment, Moms and Tots, In-Home Support, Baby's Night Out, Play Room, Breakfast Buddies, Toy/ Book Lending Library, Shop & Swap, Youth activities, etc.
- (3) Community Development Projects - both centres are involved in a number of community development, educational awareness and other special events in order to promote and partner on issue pertaining to family well-being. Developing linkages with other care providers is also an integral part of the centres' role.
- (4) Client Specific Programs and Services - offer support to clients in the form of counseling, advocacy and referrals.

Snow Lake Family Resource Centre is a non-government, community organization aimed at supporting family. The centre is governed by a volunteer Board of Directors and has one full-time staff person. Funding is provided through donations and grants. The centre provides a number of services to residents of Snow Lake including:

- Twenty-four hour crisis intervention;
- Individual and group counseling on a non-therapy basis;
- Resource library with videos, resources on a variety of topics;
- Information and referrals to other service agencies;
- Public education seminars on a variety of family and community related topics; and
- Self-improvement workshops, such as anger management, self esteem, parenting skills and smoking cessation.

Brighter Futures programs are funded by Health Canada in the First Nations communities of Opaskwayak Cree Nation, Grand Rapids, Chemawawin and Mosakahiken. These programs are aimed at providing programs in support of families with a specific emphasis placed on making a "brighter future" for children 0 < 6 years of age. A Brighter Futures Coordinator is based in the Cree Nation Tribal Health Centre. This staff person works closely with all staff in the communities under the jurisdiction of the Tribal Health Centre.

Pre/Postnatal Nutrition Program

"Baby & Me: Best Beginnings" is a pre/postnatal nutrition program funded by Health Canada. The program is available in The Pas, Cranberry Portage, Flin Flon and Creighton/Denare Beach. "Baby & Me" is staffed by a regional Registered Dietitian and Outreach Workers in each of the participating communities. The program is designed to assist teens and women in need by offering the following programs and services:

- Information, guidance and practical support on nutrition, pregnancy, breastfeeding, infant feeding, food preparation and shopping on a budget;
- Help to change patterns in nutrition, smoking, alcohol and drug use;
- Practical and emotional support;
- Milk and vitamin/ mineral supplements as needed;
- Help in accessing health and social services, housing, income assistance, and education; and
- A lending library.

7.5 Employment, Financial and Housing Programs

Programs are available in the NOR-MAN region to assist residents to meet basic personal and family needs for income and housing.

Employment and Income Assistance

Employment and Income Assistance is a provincial program of last resort intended for people who are unable or unlikely to secure meaningful employment. The program has specific eligibility requirements and is aimed, wherever possible, at helping people find a job or return to work. Employment and Income Assistance Counselors are based in The Pas and Flin Flon and provide an itinerant service to the outlying communities on a monthly basis. The income assistance aspect of the program is designed to assist:

- People with mental or physical illness or disability that will last more than 90 days and keep them from earning an income;
- Single parents raising children;
- People living in an area where there is no municipal government;
- People staying in a women's crisis shelter;
- People 65 years of age and older; and
- Dependent children whose parents are deceased or unable to help meet their basic needs.

Assistance is provided in the following areas:

- Amount for basic needs (i.e., food, clothing, household supplies, transportation);
- Housing and utility costs; and
- Drug, dental, eye care, children's needs, emergency, and other health needs.

Subsidized/Supportive Housing

Subsidized housing is available in all communities in NOR-MAN through a number of different avenues including the Manitoba Housing Authority, Canadian Mortgage and Housing Cooperation (CMHC), and First Nations bands. Many government agencies such as Hydro, Manitoba Health, RCMP and Frontier School Division also provide subsidized housing for their staff who reside in the outlying communities. Subsidized housing for seniors is also available in the region and a summary can be found later in the chapter in a section titled "senior's housing." Fischer Place in The Pas provides a supportive living arrangement for developmentally challenged children and adults.

7.6 Women's Services

This section of the report provides an overview of services available for women. These services include: (1) women's shelters; (2) women's resource centres; and (3) women's groups. Table 7.10 provides an inventory by community of women's services in the NOR-MAN region.

Women's Shelters

There are three women's shelters situated in the NOR-MAN region: Aurora House, which is located in The Pas; the Flin Flon/Creighton Safe Home, located in Flin Flon; and the Snow Lake Child and Family Resource Centre in Snow Lake. All residents from the outlying communities must access

these shelters when required. Women who are in crisis can seek assistance either through the emergency department at the hospital, the Nursing Station, RCMP, or by calling the respective shelters directly. Transportation to one of the shelters will be arranged for women in need.

Aurora House in The Pas is staffed 24 hours a day, 7 days a week. It accommodates all women and children who reside in the NOR-MAN region and are in crisis. Trained staff provide information, referrals and support counseling. The Aurora House also operates a toll-free Crisis Line (1-800-240-4658) for individuals requiring intervention, counseling, or information.

The Flin Flon/ Creighton Safe Home is located in Flin Flon with a mission *"to provide services within Flin Flon and the surrounding area that will protect and empower women without discrimination through support, safehouse, referral, resources, information and counseling."* All services are confidential. Daily hours of operation are 8:30 a.m. to 9:00 p.m. with after hour emergency service available. After hour emergency services are provided by an on-call worker who provides access to the Safe Home for women and children in need. Women and children who use the facility are only permitted to stay for 3 days due to the Safe Home's designation and funding levels.

The Snow Lake Child and Family Resource Centre provides twenty-four hour crisis intervention as well as individual and group counseling for women and children in crisis. The Centre has a shelter for short-term stay. Women who need to stay in a shelter for a longer period of time must access a shelter in either The Pas or Flin Flon as described above.

Women's Resource Centres & Women's Groups

The only Women's Resource Centre in the NOR-MAN region is situated in Flin Flon. The Northern Women's Resource Services Inc. provides services to women residing north of the 53rd parallel. All of the following services are confidential:

- Information on areas of concern to women;
- Support counseling to individuals or groups;
- Referral to appropriate resources;
- Lending library of resource materials; and
- Other assistance as required or requested.

There are volunteer women's group established in a number of communities that play an information resource, education and support role. Communities where women's groups are running include Grand Rapids, Easterville, The Pas, and Moose Lake.

Table 7.10
Inventory of Women's Services by Community in NOR-MAN Region

WOMEN'S SERVICES	Grand Rapids	Easterville	The Pas	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/Cold Lake	Flin Flon
a) Women's Shelter	X	X	✓	X	X	X	X	X	✓
b) Women's Resource Centre	X	X	X	X	X	X	X	X	✓
c) Women's Group	✓	✓	✓	✓	X	X	X	X	X

✓ = available in community X = not available in community I = available in community on a itinerant (visiting) basis R = available regionally

7.7 Services for Seniors/Elders

This section provides a description of the services that are available in the region to assist/support seniors and elders:

- Senior's Housing
- Senior's Clubs
- Lifeline
- Congregate and Meals on Wheels Programs
- Friendly Visitors.

Table 7.11 provides an inventory of the above-noted services by community. Please note that Home Care, Personal Care Homes and Adult Day Care are described in the section on the NOR-MAN Regional Health Authority (pages 7-22 to 7-25).

Table 7.11
Inventory of Services for Seniors/ Elders by Community in NOR-MAN Region

SENIORS/ELDERS SERVICES	Grand Rapids	Easterville	The Pas	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/ Cold Lake	Flin Flon
a) Senior's Housing	X	X	✓	X	X	✓	X	X	✓
b) Senior's Club	X	X	✓	X	X	✓	✓	X	✓
c) Lifeline	R	R	✓	R	R	✓	R	R	✓
d) Congregate and Meals on Wheels Programs	X	X	✓	X	X	X	X	X	✓
e) Friendly Visitors	X	X	X	X	X	✓	X	X	X

✓ = available in community X = not available in community I = available in community on a itinerant (visiting) basis R = available regionally

Seniors' Housing

Seniors' Housing is available in The Pas, Flin Flon, Cranberry Portage and Snow Lake, generally on a means tested basis. In The Pas, there are four housing complexes available: (1) Kin Kourt; (2) Northern View Lodge; (3) Pine View Manor; and (4) Valhalla Coop. Administered by the Kinsmen Club of The Pas, Kin Kourt accommodates 27 housing units. Rent subsidy arrangements are available through Manitoba Housing Authority. The Northern View Lodge, known as the "high-rise" is administered by Manitoba Housing Authority and has 51 units with subsidized rent. Pine View Manor, also administered by Manitoba Housing Authority, has 15 units for senior housing and 15 units for the physically handicapped. The fourth residence available in The Pas is the Valhalla Coop that is administered by Manitoba Housing Authority. Valhalla is a cooperative housing unit available for seniors and handicapped people with 15 units subsidized through Manitoba Housing.

In Flin Flon, there are four housing units available for seniors: (1) Hemlock Residence; (2) Northern Lights Manor; (3) Rotary Court; and (4) Jubilee Residence. Hemlock Residence is operated by Manitoba Housing and has 36 units that include 24 bachelor suites, 11 - one-bedroom suites and 1 - two-bedroom suite. Northern Lights Manor has 15 units of senior's housing, of which 9 are presently occupied. This wing is being emptied through attrition in order to prepare for the proposed new personal care home. There are also 30 beds for long-term level one and some level two care patients which are the responsibility of the NOR-MAN Regional Health Authority. Rotary Court is administered through a local business firm and contains 20 bachelor suites. The fourth senior's housing unit is Jubilee Residence, which is operated by the Flin Flon Legion in cooperation with CMHC. There are 30 units, which include 28 - one bedroom and 2 - two bedroom suites. The two bedroom suites are set up to accommodate the needs of the handicapped.

In Cranberry Portage, Canadian Mortgage and Housing (CMHC) operate 28 duplexes in the community, 8 of which are designated for seniors. There are 4 subsidized housing units in Snow Lake, one of which is wheel chair accessible. These housing units are mostly occupied by seniors and a need has been expressed in the community for these housing units to be linked together with a hallway and a common room that would provide opportunities for socializing.

Seniors' Clubs

There are four Seniors' Clubs operating in the NOR-MAN region. The Pas Golden Age Society operates a centre where seniors aged 55 years and over can gather to play cards, shuffle board, listen to music and socialize.

Membership fees are \$10.00 per year with general lunch meetings held the first Tuesday of each month. The Snow Lake Seniors' Group is a very strong and vibrant group with a large membership of approximately one hundred individuals. Membership fees are \$15.00 per person for those 50 years or over. The seniors' group holds organized tournaments of cards, shuffleboard, carpet bowling, pool, etc. Luncheons are held as well as educational groups, crafts, lessons, fundraising and youth groups. Cranberry Portage has a seniors' group, which meets once per week at the Legion Hall for rug bowling, lunch and cards. The Flin Flon/Creighton Seniors' Club has a meeting room in the Flin Flon Community Club. The group has a meeting once a month. Members also gather on a regular, drop-in basis for fellowship, cards and shuffleboard. The seniors' club is also responsible for coordinating volunteer drivers for the handi-van.

Lifeline

Lifeline is a program of the NOR-MAN Regional Health Authority. It is a personal emergency response system, which is linked to twenty-four hour medical assistance. This wrist device, when activated, notifies the hospital, which responds accordingly. Lifeline services are coordinated by NOR-MAN RHA staff, and are available regionally. These services are accessed out of The Pas Health Complex, Flin Flon General Hospital, and Snow Lake Medical Nursing Unit.

Meals on Wheels/Congregate Meal Programs

The "Meals on Wheels" program is available in The Pas and Flin Flon. It is a non-profit, fee for service program. Clients who receive meals, prepared at the hospital, must pay for them themselves at a minimal cost. "Meals on Wheels" is primarily geared for the aged, infirmed, disabled and ill individuals, who are able to live alone safely with minimum outside assistance. In The Pas, there is a volunteer committee in the community who coordinates the program and organizes volunteers to deliver meals to clients six days a week. In Flin Flon, "Meals on Wheels" is administered through staff of the Home Care program who access volunteers to deliver meals to those in need. In Snow Lake, there is no official "Meals on Wheels" program but an independent business person who prepares the meals for the hospital also makes meals available to seniors for a fee. There are no congregate meal programs in place in the region but informally community service groups and volunteers often plan transportation and events for seniors that may include shared meals.

Friendly Visitors

Friendly Visitors is a volunteer-based program that operates in Snow Lake. It runs in conjunction with the Health Auxiliary, Legion Ladies, Seniors' Group, and the Lutheran Church. Volunteers provide a 'friendly visit' to those who are shut in or in need of some friendly company.

7.8 Aboriginal Services

The focus of Section 7.8 is on the Aboriginal services that are available in the NOR-MAN region. The three areas that will be described in this section include Friendship Centres, Aboriginal Headstart and the Manitoba Metis Federation. Table 7.12 provides an inventory of services and programs that are available by community for Aboriginal people.

Friendship Centres

There are two Friendship Centres situated in the NOR-MAN region: (1) The Pas Friendship Centre; and (2) The Flin Flon Indian-Metis Friendship Centre. The Pas Friendship Centre started in the 1960's as a means to *"foster programs and activities that encourage co-operation, understanding and empowerment."* The Centre is *"committed to providing ethically sound socio/ cultural programs and services while promoting aboriginal pride and integrity."* There is an open door policy to ensure all individuals can access programs and services. Programs offered through The Pas Friendship Centre include income tax preparation; literacy programs; counseling, advocacy and referral programs; soup kitchen; Christmas day feast; craft and gift store; recreational programs such as pow wows and youth programs; workshops and information sessions; employment and training initiatives; and other miscellaneous programs.

The Flin Flon Indian-Metis Friendship Centre is committed to *"promoting and enhancing individual quality of life and Aboriginal integrity within the community through the provision of sensitive programs and services."* Programs and services that are provided at the Centre are similar to the programs offered in The Pas but also include a hostel and restaurant. Flin Flon's Centre does not have a soup kitchen in operation.

The Manitoba Metis Federation

The Manitoba Metis Federation (MMF), Inc. is in existence to assist Metis people to develop a sense of identity and organize full participation of Metis

people in economic, social and educational training programs. The regional office is situated in The Pas with local offices situated in Grand Rapids, The Pas, Moose Lake, Cranberry Portage and Flin Flon.

Aboriginal Headstart

Aboriginal Headstart programs are available in The Pas, Flin Flon and Cranberry Portage. The program is targeted to Aboriginal children living off reserve, and focuses on early childhood development strategies designed and controlled by Aboriginal people. There are a number of prevention and early intervention programs available through Headstart. These programs seek to foster a positive sense of self and a desire for learning in their clients, as well as providing opportunities for them to develop to their full potential and to succeed in all aspects of their lives.

Table 7.12
Inventory of Aboriginal Services by Community in NOR-MAN Region

LISTING OF SERVICES	Grand Rapids	Easterville	The Pas	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/ Cold Lake	Flin Flon
a) Friendship Centre	X	X	✓	X	X	X	X	X	✓
b) Aboriginal Headstart	X	X	✓	X	X	X	I	X	✓
c) Manitoba Metis Federation	✓	X	✓	✓	?	X	✓	X	✓

✓ = available in community X = not available in community I = available in community on a itinerant (visiting) basis R = available regionally

7.9 Religious Services

Churches/Church Groups/Traditional Spirituality

A wide range of religious faiths, churches and religious groups can be found in each community in the NOR-MAN region. Table 7.13 provides a listing of churches by community. There are also many Aboriginal people who are committed to deepening and developing their individual and collective spirituality through traditional native spiritual teachings, ceremonies, and rituals.

Table 7.13
Churches in the NOR-MAN Region

Community	Churches/ Religious Organizations	
Grand Rapids	Anglican Church of St. James Roman Catholic Church Bible Chapel	House of Prayer Visiting Faith Groups
Easterville	Anglican Church Pentecostal Church	Jehovah Witness Assembly Visiting Faith Groups
The Pas	Assumption of St. Mary Ukrainian The Pas Baptist Our Lady of Sacred Heart Cathedral Alliance Church Christ Anglican Church Jehovah's Witness Living Water Apostolic Faith Holy Ghost Ukrainian Catholic Church	Redeemer Lutheran Church The Salvation Army The Pas Christian Fellowship Westminster United Church Church of the Messiah (OCN) Church of the Redeemer (OCN) Henry Budd College of Ministry
Moose Lake	Anglican Church Roman Catholic Church Baptist Church	House of Prayer – Pentecostal Visiting Faith Groups
Cormorant	Evangelist Anglican Church	Roman Catholic Church
Snow Lake	Anglican/United Church Christian Centre The Snow Lake Baptist Church	The Church of the Latter Day Saints St. John's Lutheran Church The Roman Catholic Church
Cranberry Portage	Roman Catholic Church Grace Mennonite Church	Simon House Bible Camp
Sherridon/Cold	Catholic Service once a month at the Community Hall	
Flin Flon	Alliance Church Orthodox Church Christian Life Centre First United Lutheran Flin Flon Mennonite Brethren Flin Flon Pentecostal Assembly St. Andrews Presbyterian Church Kingdom Hall of Jehovah's Witness	The Anglican Church of St. Peter & St. James Church of Jesus Christ of Latter Day Saints Ukrainian Greek Orthodox Church St. Ann's Roman Catholic Church First Baptist Church The Salvation Army

7.10 Justice Services

This section provides an overview of the justice services that are available in the NOR-MAN region. Table 7.14 provides an inventory of these services by community. Areas that will be described in this section include:

- Legal Advice
- Court
- Community Corrections and Probations
- Community Justice Programs
- Correctional Institutions

Legal Advice and Representation

Legal advice and representation is available through Legal Aid Manitoba, which is based in The Pas. Legal Aid lawyers travel into all communities in the region with the exception of Cormorant and Sherridon/ Cold Lake. Legal Aid Manitoba exists to help individuals and groups who need a lawyer but who cannot afford to pay for one. Services available through Legal Aid include drop-in advice and information, formal representation, and duty counsel. There are two main eligibility criteria in assessing whether a person can receive Legal Aid services: (1) financial situation and (2) type of case.

In addition to Legal Aid, individuals may select a private lawyer of their choice. There are a number of legal firms that are situated in the NOR-MAN region, which are available to assist residents with their legal matters.

Court

Provincial court offices are located in both The Pas and Flin Flon. Court hearings are held in the communities in the NOR-MAN region as follows:

- Grand Rapids - the last Thursday of the month;
- Easterville - the last Wednesday of the month;
- The Pas - daily (Monday to Friday);
- Moose Lake - first and third Tuesday of the month;
- Cormorant - no court hearings held in Cormorant. Residents must access court in The Pas;
- Snow Lake - the last Tuesday of the month, every third month;
- Cranberry Portage - the last Wednesday of the month;
- Sherridon/Cold Lake - no court hearings held in Sherridon/Cold Lake. Residents must access court in Cranberry Portage; and
- Flin Flon - three Wednesdays every month.

Community Corrections/Probations

The regional office for the Community Corrections/Probations, Manitoba Justice is situated in the Otineka Mall in The Pas. There is a complement of 7.5 salaried staff in the region which includes one Community Corrections Worker and a .5 clerical position based in Flin Flon and an Area Director, 4 Community Corrections Workers, and one clerical position based in The Pas. There are also local Community Probation Officers employed through the Community Participation Agreement (C.P.A) in each of the First Nations communities of Grand Rapids, Chemawawin and Mosakahiken. Community Corrections staff are assigned to work with all communities in the region and provide outlying communities with a regular itinerant service.

A full range of Community Corrections services and programs are available to all communities in the region including:

- Supervision of probation offenders;
- Community service work & fine option program;
- Spousal abuse programming for offenders;
- Sex offender programming for offenders;
- Anger management programs.; and
- Re-integration programs for youth released from correctional institutions.

According to a key informant interview (November, 1997) with the Area Director of Community Corrections and Probations, their department has seen an increase in workload in the 1996/97 fiscal year. The most significant increases were experienced in the areas of: (1) monthly probation caseloads; (2) adult custody cases; and (3) the number of court reports ordered. When asked what justice issues might impact on the health of the communities in the NOR-MAN region, the following areas were mentioned:

- Gangs and youth violence are becoming an issue of increasing concern in all communities.
- There seems to be more abuse of drugs as well as more sophisticated types of narcotics available in the community.
- There seems to be more angry people who are acting out violently. Crime on the whole has decreased but violent crime has increased. Over half of the department's caseload pertains to domestic violence.

Community Justice Programs

Community Corrections and Probations support the operation of many Community Justice Programs in the region. All communities are at different stages of development and focus. Flin Flon, The Pas, and Snow Lake have established Justice Committees, which deal with matters strictly pertaining to youth. The communities of Grand Rapids, Easterville, Moose Lake, and Pukatawagan have Community Justice Committees in place, which deal globally with all justice issues in the community. The community of Pukatawagan has assumed the broadest mandate with respect to justice issues. The Pukatawagan Community Justice Committee has taken ownership of community sentencing. It is worthy to note that Pukatawagan held the first Community Healing/Sentencing Circle of it's kind in Manitoba. Cranberry Portage has expressed an interest in starting a Justice Committee. There are no committees in Cormorant or Sherridon/Cold Lake.

Community Justice Programs have proven to be an effective way to deal with justice issues in the community. There is a concern that more resources need to be provided in this area in order to train and support their work.

Correctional Facilities

The Pas Correctional Facility is located in the Town of The Pas. This Manitoba Justice facility is intended for offenders who are serving a sentence of less than two years and are a minimum to medium security risk. Egg Lake is a separate Manitoba Justice facility that is situated between Cranberry Portage and The Pas off highway #10. Egg Lake accommodates 30 to 40 inmates who are believed to be at a low risk to re-offend. Adult offenders with sentences of, and in excess of, two years are sent to Stony Mountain or Rockwood Penitentiary, or must serve their sentence outside of Manitoba. Young offenders are sent outside of the region to serve their sentences at the Agassiz or Manitoba Youth Centers.

In addition to the Manitoba Justice correctional facilities, many communities have local holding facilities in which to detain individuals overnight or until they can be transported to another facility.

Table 7.14
Inventory of Justice Services by Community in NOR-MAN Region

JUSTICE SERVICES	Grand Rapids	Easterville	The Pas	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/Cold Lake	Flin Flon
a) Legal Advice	I	I	✓	I	X	I	I	I	✓
b) Court	✓	✓	✓	✓	X	✓	✓	X	✓
c) Corrections & Probations	I	I	✓	I	I	I	I	I	✓
d) Community Justice Programs	✓	✓	✓	✓	✓	✓	X	X	✓
e) Correctional Institute	X	X	✓	X	X	X	X	X	X

✓ = available in community X = not available in community I = available in community on a itinerant (visiting) basis R = available regionally

7.11 Other Community Services

The final section of this chapter will focus on all other community-based services that are available in the NOR-MAN region and which work to improve the health and well being of communities. Included in this section are the following: (1) healthy community initiatives; (2) service and community organizations; (3) self-help groups; and (4) other non-profit groups. Table 7.15 provides an inventory of the community services that are described in more detail below.

Healthy Community Initiatives

The Healthy Community concept is an international concept that was initiated by the World Health Organization in the 1980's. The healthy community concept recognizes that responsibility for the health of the community and its citizens does not rest solely with the formal health care system. In order to improve the health (physical, social, economic and environmental health) of the community, citizens and groups within the community must work together to identify and address issues of concern. This model is very well established in the NOR-MAN region with healthy community groups operating in Flin Flon since 1990, in The Pas since 1992, and in Snow Lake since 1996. There has also been interest expressed in Cormorant, Moose Lake, Grand Rapids and Cranberry Portage for information on how to start a healthy community group in each of these respective communities.

Healthy Flin Flon benefited from international attention when they received a Healthier Communities Award at a Healthcare Summit Forum in San Francisco in 1996. Healthy Flin Flon's goal is to *"address issues of concern in the community by: (1) using the skills and energy of the community to address issues; (2) promoting the value of existing activities and organizations in the community; and (3) identifying the services and resources needed to support the community"*. Healthy Flin Flon holds a monthly community forum and operates a number of working committees to address community issues.

Healthy The Pas and Area Round Table (HTPA) has merged the healthy community and round table concept together to form one coordinating body for the community. There are over 75 partnering organizations and hundreds of interested citizens who participate in the various activities that Healthy The Pas and Area coordinates. The mission statement of HTPA is *"to improve the quality of life (physical, social, economical and environmental health) in The Pas and area by (1) providing a forum for education and for generating ideas and projects to be undertaken by appropriate groups in the community; (2) networking by sharing ideas and information among groups and*

individuals engaged in community-enhancing activities; and (3) undertaking projects identified by the community which address need not currently being met by other groups." Healthy The Pas and Area also hosts a monthly lunch meeting and has a number of working committees to tackle issues, projects and ideas that have been identified by community citizens.

Many organizations and citizens are involved in Healthy Snow Lake, actively working together to create a healthy community. Similar to the mandate of Healthy Flin Flon and Healthy The Pas and Area, Healthy Snow Lake is working diligently on a number of areas pertinent to the needs of their own community. Healthy Snow Lake holds regular monthly lunch meetings and has a number of working committees to tackle community-identified issues.

Service and Community Organizations

There are a large number of service organizations that exist mainly in the larger communities of The Pas, Cranberry Portage, Snow Lake and Flin Flon. Groups that are represented include the Elk's, Kinsmen, Kinettes, Rotary, Legion, Legion Auxiliary, Lion's, Block Parents, Citizen on Patrol program, Neighborhood Watch, School Parent Advisory Committees, Welcome Wagons, and Big Brother's/Big Sisters Association.

Self Help Groups

Mental Health Self Help Groups

There are mental health self help centres located in The Pas and Flin Flon. The agencies involved in the centres include the Anxiety Disorders Association of Manitoba (ADAM), the Canadian Mental Health Association (CMHA), the Manitoba Schizophrenia Society and the Society for Depression and Manic Depression. These centres have a similar mandate, which reads: *"to promote mental health and to advocate for and support persons with mental illness. Services offered through these groups include education, support groups, information resource and referrals."*

Addiction Self Help Groups

Addiction self-help groups are available in most communities in the NOR-MAN region with the exception of Cormorant and Sherridon/Cold Lake. Grand Rapids, Easterville, Moose Lake, and Cranberry Portage have Alcoholics Anonymous Groups available in the community. The Pas, Flin Flon and Snow Lake have Alcoholics Anonymous as well as Al-Anon Family groups. Alcoholics' Anonymous (AA) is an international fellowship of people and AA groups are available to anyone who wants to do something about his or her drinking problem. Al-Anon Family Groups are self help

groups designed for family members and friends of alcohol abusers. Al-Anon is not affiliated with Alcoholics Anonymous.

La Leche League

The La Leche League operates in The Pas, Flin Flon, and Snow Lake. It is a breast-feeding support group for women who choose to breastfeed their children.

Alzheimer Family Support Group

There is a family support group established in The Pas to support family members and sufferers of Alzheimer's and other kinds of dementia.

Other Community-Based Groups

Canadian Cancer Society

The Canadian Cancer Society is a national community-based organization. Its mission is *"the eradication of cancer and the enhancement of the quality of life for people living with cancer."* The Canadian Cancer Society has a regional office in Flin Flon with local units established both in Flin Flon and The Pas. Activities that the Cancer Society is involved in include fundraising projects such as canvassing, daffodil days and the Terry Fox Run; education and patient services. The Society also operates a Cansurmount program that offers visiting services to individuals with cancer and their families.

Crohn's and Colitis Foundation

The Crohn's and Colitis Foundation is a national organization that undertakes (1) fundraising projects for medical research; (2) educational programs on cause and cure of inflammatory bowel disease; and (3) patient support and advocacy. There is a Crohn's and Colitis foundation presently operating in The Pas. A support group is also available for people suffering with these diseases.

Lord's Bounty Food Bank

The Lord's Bounty Food Bank has been providing services to Flin Flon and area since 1990. The food bank is run by a group of community volunteers who support several programs in the community including the food bank, community gardens, Aspen Grove Renters Association, soup kitchen, hot meal program, mittens for kids, furniture warehouse, fundraising, and the Christmas gift program.

Manitoba League of the Physically Handicapped

The Manitoba League of the Physically Handicapped (MLPH) has an office in The Pas which exists to help the physically handicapped with housing, employment and counseling services. The MLPH also administers the operation of the handivan in the community. A community-based handivan is also available in Flin Flon.

Manitoba Heart and Stroke Foundation

The Manitoba Heart and Stroke Foundation has volunteers in the NOR-MAN region who are involved with coordinating fundraising initiatives for medical research and educational services on topics relating to heart disease.

St. John Ambulance

The St. John Ambulance, NOR-MAN Branch # 1083's mission is to *"enable Canadians to improve their health, safety and quality of life by providing training and community services."* The St. John First Aid Brigade is a group of volunteers trained to provide effective first aid at public events. As part of the brigade, members are expected to take part in ongoing training workshops and seminars. The following workshops are provided to the general public: Emergency First Aid, Standard First Aid, Basic Rescuer CPR, and Babysitting courses.

Table 7.15
Inventory of Other Community Services by Community in NOR-MAN Region

OTHER COMMUNITY SERVICES	Grand Rapids	Easterville	The Pas	Moose Lake	Cormorant	Snow Lake	Cranberry Portage	Sherridon/Cold Lake	Flin Flon
a) Healthy Community Initiatives	X	X	✓	X	X	✓	X	X	✓
b) Service Organizations	X	X	✓	X	X	✓	✓	X	✓
c) Self Help Groups	✓	✓	✓	✓	X	✓	✓	X	✓
d) Non-profit Groups	X	X	✓	X	X	X	X	X	✓

✓ = available in community X = not available in community I = available in community on a itinerant (visiting) basis R = available regionally

7.12 Summary

Residents of the NOR-MAN region have access to a range of services and programs that address their health, psycho-social, economic, and spiritual needs. The organizations with primary responsibility for the delivery of health care services in the NOR-MAN region include the NOR-MAN Regional Health Authority, Cree Nation Tribal Health Centre and the Otineka Health Centre. The NOR-MAN Regional Health Authority is mandated through legislation to ensure that all people in the NOR-MAN region have access to good quality health care services. The Health Authority is governed by a Board of Directors, and receives its funding almost exclusively from Manitoba Health. Cree Nation Tribal Health Centre is under the jurisdiction of Swampy Cree Tribal Council, and provides services to the First Nations communities in the region, with the exception of the Opaskwayak Cree Nation. Otineka Health Centre is directed by the Opaskwayak Cree Nation Chief and Council, and addresses specific health care needs of members of this Band. In addition to these organizations, local physicians, dentists, pharmacists, and optometrists respond to the primary care needs of NOR-MAN residents.

There are a number of self-help organizations available in the NOR-MAN region that address health related issues. Mental Health self help centres are situated in The Pas and Flin Flon and provide advocacy and support for persons with mental illnesses. Addictions self-help groups such as Alcoholics Anonymous and Al-Anon are available in most communities, with the exception of Cormorant and Sherridon/Cold Lake. Other self-help groups in the region include the La Leche League, a breastfeeding support group, which operates in The Pas, Flin Flon and Snow Lake and an Alzheimer's Family Support Group in The Pas.

There are also a number of other community-based groups operating mainly in the larger centres in the NOR-MAN region. These include the Canadian Cancer Society, Crohn's and Colitis Foundation, the Manitoba League for the Physically Handicapped, the Manitoba Heart and Stroke Foundation, and St. John Ambulance.

Although the list of health care services and organizations that are available in the region appears comprehensive, there are issues that limit service accessibility. In some instances, there are insufficient services to meet the high demand for particular types of care. In other instances, services must be accessed outside of the NOR-MAN region. In general, services are less available to people living in outlying communities than they are to people living in Flin Flon and The Pas. This pattern crosses the boundaries of

service type, and in some cases, means that people from smaller communities simply do not receive the services they require.

Some services, such as those directed at diabetes prevention and control, are insufficient to meet the needs in most communities. The lack of resources directed at this area will result in higher personal and financial costs as people require more intensive services to manage what, in many cases, is a preventable illness. The services provided by many specialist physicians and resource people, such as speech/language pathologists, are simply not available unless the consumer leaves the NOR-MAN region. The limited availability of these services impacts most on individuals with more complex health problems and/or insufficient funds to cover all the costs of travel to a larger centre.

Emergency services include police, fire, ambulance and other emergency response systems that can act on an immediate basis to assist those in need. Police services are delivered by the Royal Canadian Mounted Police (R.C.M.P) in many communities in the region, or are delivered by Band Constables who work closely with the R.C.M.P. to deal with crime in First Nations communities. Crime rates vary from community to community. The variation can be attributed to external influences, such as the presence of gang leaders in local communities in our region; to actions of local residents and Youth Justice Committees; and to socio-economic variables such as poverty and unemployment.

Fire departments are available throughout the region, and all communities have some form of fire fighting capability. Many of these departments benefit from the contribution of volunteer fire fighters. In some instances, the provincial government supplements local resources during the high-risk season.

Ambulance services are available in some communities and not in others. In the communities of Easterville, Chemawawin, Moose Lake, Mosakahiken, Cormorant and Sherridon/Cold Lake, community residents must be transported with a nurse or trained first aid responder via taxi to meet an ambulance from either The Pas or Flin Flon. This issue has been raised directly by community members as a serious problem.

Child and Family Services provide a source of stability and support for children and families at risk, and information and education for families who wish to improve their ability to care for their infants and children. They also offer limited services for children with special needs. Mandated Child and Family Services are delivered by Child and Family Services staff in Flin Flon and The Pas, and by Cree Nation Child and Family Caring Agency in First Nations communities. Community Living and Vocational Rehabilitation are

also provided under these auspices. Licensed child day care centres can be accessed in Grand Rapids, The Pas, Opaskwayak Cree Nation, Cranberry Portage, and Flin Flon, but are not available in the other communities in the NOR-MAN region. The work of mandated agencies and child day care centres is supported by the Family Resource Centres and Brighter Futures Programs that are offered in the region, the latter of which places its emphasis on children who are 0 - 6 years of age.

Employment and assistance programs provide financial support to individuals and families who are unable to secure their own income. Employment and Income Assistance provides an itinerant service only to outlying communities on a monthly basis, and operates sub-offices in Flin Flon and The Pas. As a separate, but related form of assistance, subsidized housing is available in all communities in the NOR-MAN region.

Some of the services that are available in the region target special groups of people. Women's services include shelters, resource centres, and women's groups. There are 3 crisis shelters/safe homes in the region, which are located in The Pas, Flin Flon, and Snow Lake. Women who live outside of these communities, and who experience abuse, must be transported to these shelters, which has been deemed less than adequate by clients, women's advocates, and local policing agencies.

There are several programs and services directed specifically at seniors and the elderly. These include seniors housing, which is available in The Pas, Flin Flon, Cranberry Portage and Snow Lake; seniors clubs which are very active in some communities, and Meals on Wheels, which is available only in Flin Flon and The Pas. Friendly visitors is a separate program, which is offered exclusively in Snow Lake.

In addition to the First Nations health care organizations, other programs and service organizations in the region are designed specifically for Aboriginal people. These include The Pas Friendship Centre, the Flin Flon Indian-Metis Friendship Centre, the Manitoba Metis Federation, and Aboriginal Head Start programs available in The Pas, Flin Flon, and Cranberry Portage. These organizations are aimed at improving the quality of life of Aboriginal children and adults, and deliver a range of services to their clients. A host of other organizations add to the complement of services that are available in the region to meet the needs of individuals facing specific challenges or experiencing particular health problems.

Religious services and traditional teachings, ceremonies, and rituals all have an important role to play in personal and community wellness. There appears to be many choices in this regard within the NOR-MAN region.

Residents in the NOR-MAN region can also access services funded through Manitoba Justice. These include legal aid advice and representation. Individuals who are charged with, or who have committed a crime, can access court services, community corrections/probation services, and Youth Justice Committees and/or Community Justice Programs within the region. Convicted adult offenders may also serve sentences that are less than 2 years in duration at The Pas Correctional Facility or at Egg Lake Camp.

In addition to the above programs and services, Healthy Community initiatives operate in the communities of The Pas, Flin Flon, and Snow Lake. These Healthy Community projects bring together local community members, organizations and special interest groups, who work to improve the environment and the overall health of their communities. These groups are important adjuncts to the formal health, social service and justice systems, and foster community health promotion, problem solving, and social action.

CHAPTER 8

CONCLUSIONS

This report has described the health needs of people living within the geographic boundaries of the NOR-MAN region. Health has been broadly defined to include biological, psychological and social aspects of health. In addition, environmental and economic issues have been addressed in acknowledgment of their impact on individual health status.

This conclusion of this report considers all of the information that was gathered in the local communities and centrally through Manitoba Health and the other organizations such as the WESTARC Group Inc., who supplied data on the region. Similar to the approach that was taken in Chapters 4 and 5, a health determinant framework was used as a way of summarizing and organizing the information. A health determinant is simply a factor that contributes to the health or illness of individuals, groups and populations. As we learn more about these factors, we can begin to identify who may be at risk of developing health problems in the future.

Ten health determinants are commonly used in the literature. These are income and social status, social support networks, employment and working conditions, personal health practices, health services/resources, physical environment, education, biology and genetic endowment, healthy child development, and current health status. The sub-sections that follow focus on these 10 health determinants, which were examined directly and through proxy indicators as part of the Community Health Needs Assessment.

Income and Social Status

When income and social status was considered, many of our residents, and specific communities in our region appear to be at risk of experiencing poor health and/or illness. Self-reported income levels varied from community to community. People residing in the communities of Cormorant, Easterville/Chemawawin and Sherridon/Cold Lake appeared to be at the highest risk when income alone was considered. Self-reported income levels obtained through the community survey indicated that in each of these communities, a significant number of households reported household or gross income levels below \$12,000. When self-reported income alone was considered, Cormorant and Sherridon/Cold Lake were at the highest risk of experiencing health problems.

Census data indicates that there was a concentration of household incomes under \$20,000 in our region. In Mosakahiken First Nation, 63% of the households were supported by an income of less than \$20,000. This can be compared to 10% of the households in Snow Lake, according to this same source.

In some communities there was a definite reliance on transfer payments, which included payments for Unemployment Insurance, Child Tax Benefits, etc. Transfer payments comprised 45.4% of the total income acquired by residents of Mosakahiken First Nation, 39.1% of the income in Grand Rapids First Nation, and 34.8% of the income in Chemawawin First Nation. Opaskwayak Cree Nation and the non-First Nations communities relied less on transfer payments. Information on the communities of Easterville, Moose Lake, Cormorant and Sherridon/Cold Lake was not available separately. Statistics for these communities were collected in one census division titled "Unorganized."

The concepts of population dependency and economic dependency are used by Statistics Canada to identify people who may be at a disadvantage in our society from an economic and social standpoint. Population dependency describes the proportion of people who fall in what are viewed as dependent age categories. Economic dependency is described in terms of an Economic Dependency Rate (EDR) that compares the number of transfer payment dollars received to every \$100 of income that is earned in a community. A separate EDR rate is calculated for Unemployment Insurance benefits, Child Benefits, Pensions, and Social Assistance. A total rate is also calculated. Statistics Canada relies on information from people who file tax returns to determine how many people can be classified as dependent, which is a limitation of this data base. Despite this limitation, these concepts help in the identification of risk.

When population dependency was considered, the community of Easterville/Chemawawin First Nation appeared to be at the highest risk. It had the highest EDR when Unemployment Insurance, Child Benefits, Pension and Social Assistance were considered. The total EDR also placed this community at highest risk. The Easterville/Chemawawin EDR was over 800 times the Manitoba rate.

Although Easterville/Chemawawin was at highest risk from an economic dependency perspective, Cormorant, Grand Rapids/Grand Rapids First Nation, and Moose Lake/Mosakahiken had total EDRs that were higher than that of Manitoba as a whole. Data on Opaskwayak Cree Nation and Sherridon was not available for analysis.

Gender issues emerge with respect to income earned. An interesting pattern was found with respect to incomes earned by women and men. With the exception of Chemawawin First Nation and Grand Rapids First Nation, men earned more than women for full time/full year work. This pattern was also evident with respect to part time/part year work. This raises special issues when single parent families are considered. Statistics Canada data indicates that up to 22% of the families in each community in the region were headed by lone parent families. When compared to the provincial average of 13%, this is an area of concern as the majority of these families are headed by women.

As a separate indicator, financial problems were identified as a concern in 1 in 5 households included in the NOR-MAN RHA survey. This issue was raised by 32.1% of the WESTARC Flin Flon respondents and by 32% of the WESTARC The Pas respondents.

Based on the above information, it appears that some communities were at greater risk of experiencing health problems than others, when this health determinant alone was considered. With the possible exception of Cormorant and Sherridon, these communities were more likely to be First Nations communities. However, even within the communities who benefited from higher income levels, individuals and families experienced financial problems that they perceived to be a cause for concern.

Social Support Networks

Social support networks can contribute to the health of individuals, can support them to access services at an earlier point in episodes of illness, and can enhance their ability to cope with acute and chronic health problems. Although social support networks were not examined directly, proxy indicators were used. One of these indicators was self-reported loneliness.

Loneliness was identified as a problem for 13.6% of the people in the NOR-MAN RHA sample, and/or for a member of their households. This problem also characterized 17.6% of the respondents in the WESTARC Flin Flon sample and 22% of the people in the WESTARC The Pas sample.

Two other indicators that were examined included strained family relationships and marital problems. Strained family relationships were only examined in the WESTARC study, and were identified as a problem by 21.1% of the Flin Flon respondents and 27% of the The Pas respondents. Marital problems were only examined in the NOR-MAN RHA study, and were experienced in 18.7% of the 686 households included in this sample.

The focus groups provided additional information on social support networks. All of the focus groups highlighted the important role of the family as the primary caregiving unit. At the same time, concerns were expressed with the relative health of this important unit. It was noted that parents were less likely now, than they had been in the past, to parent effectively. In the case of First Nations communities, a generation has had their ability to parent impaired as a result of their placement in residential schools. As adults, this generation has not had the benefit of growing up in a family unit. The consequence of this situation, coupled with other societal trends that affect all families, contributes to dysfunction in families. These families may not be able to model healthy behaviors for their children.

Employment and Working Conditions

Although not the focus of the Needs Assessment, employment and working conditions were addressed directly and indirectly in the study. The employment rate varied considerably from community to community, with some communities relying less on employment as a source of income than others. Employment rates were also affected by seasonal and part time employment. With the exception of The Pas and Snow Lake, more people worked on a part time/part year basis than on a full time/full year basis. This obviously affected the income that these individuals were able to earn.

The communities that constitute the NOR-MAN region are diverse, and cannot be described as a cohesive economic unit. The main industries in many of the outlying communities include commercial fishing, trapping, and logging. Moose Lake/Mosakahiken First Nation lists these 3 industries as the primary sources of employment in their community. In the community of Grand Rapids/Grand Rapids First Nation, Manitoba Hydro was an important local industry, in addition to fishing, trapping and logging. Heavy equipment contracting and residential development were sources of additional employment in Easterville/Chemawawin First Nation. Cormorant listed tourism as an important industry, in addition to the 3 main industries listed above. Tourism and education were the 2 primary sources of income for the residents of Cranberry Portage. The major sources of employment in Sherridon/Cold Lake were trapping, fishing, logging, wild rice harvesting and tourism. The main source of employment for people residing in The Pas and the surrounding area was the forestry industry. Mining was an important industry in Flin Flon and Snow Lake. As was evident in the Flin Flon focus group, a major reliance on one industry has its limitations, and can create stress for families and the community.

Of those people who work, and who responded to the survey questionnaire, most had been able to work and carry out their normal activities in the month that preceded the administration of the survey. The remainder missed from 1

day's work to a full month of work. The average number of days missed on account of illness was 8.4 days during the one-month period.

It is difficult to determine on the basis of the information that was collected the extent to which employment and working conditions impacted upon the health of people in the NOR-MAN region. This issue may be useful to explore in collaboration with major employers and workers in future needs assessments.

Personal Health Practices/Lifestyle

This health determinant acknowledges the role we all play in contributing to our own health and well-being. It addresses the choices we make on a daily basis, such as eating well, refraining from smoking, and abstaining or engaging in moderation with respect to alcohol consumption.

Eating habits were addressed in the NOR-MAN RHA study. Over half of the survey respondents reported that they ate balanced meals, and many engaged in healthy eating practices. Eating well is not just a function of personal choice, but is related to the availability of nutritious food at a reasonable cost. The availability of nutritious food varied from community to community, and was a serious problem in Cormorant, Grand Rapids/Grand Rapids First Nation and Easterville/Chemawawin First Nation. The cost of food was viewed as a problem in Cormorant, Easterville/Chemawawin First Nation, Grand Rapids/Grand Rapids First Nation and Sherridon.

Regular exercise is also important to good health. In the NOR-MAN RHA survey, just over half of the respondents indicated that they got enough regular exercise. These results paralleled those obtained by WESTARC in Flin Flon and The Pas. During the focus groups, participants speculated about the reasons why people do not get enough exercise. Personal choice is only one explanation. It was noted in the focus groups that there are not always recreational opportunities available in communities at a reasonable cost. This is less of a problem in The Pas, according to focus group participants from that community. Parental responsibilities in this area were highlighted during the focus groups. It was suggested that parents need to encourage their children to engage in exercise, and plan activities for the family as a whole.

Another behavior that was examined was smoking. The NOR-MAN RHA survey found that 52.8% of the people who returned their questionnaire currently smoked. In addition, 44% the 686 respondents reported that another person(s) in their household smoked. Almost as many people (48%) in the WESTARC The Pas sample smoked, and 34.8% of the Flin Flon respondents reported this behavior. Many of these individuals also indicated

that they wanted to quit smoking. Although not necessarily caused by smoking, there were 840 hospitalizations in the region due to respiratory system problems in 1996/97. In this same period, NOR-MAN ranked fourth when compared to the other health regions in the province for hospitalizations due to respiratory system diseases. Further, our rate of hospitalization was almost double that of Manitoba as a whole. With respect to lung cancer rates, which include cancers of the trachea, bronchus, and lung, the standardized prevalence rate for cancer in males in the NOR-MAN region was 160.7/100,000 and in females was 166.6/100,000. This compares to a standardized prevalence rate of 160.8/100,000 for males in the province and 105.1/100,000 for females. The standardized incidence rates, which examine new cases of lung cancer, were 109.4/100,000 for males and 52.8/100,000 for females. This can be compared to the standardized incidence rates for Manitoba which were 93.5/100,000 for males and 45.6/100,000 for females. The incidence rates indicate that people in the region may be at a greater risk when lung cancer alone is considered.

Substance abuse also falls under the lifestyle category. Answers to questions on this topic may have been affected by social desirability bias, and the tendency of people to avoid admitting that they had an addiction problem. Despite this bias, the NOR-MAN RHA survey found that alcohol was a problem in 11.8% of the households; 8.9% said gambling was an issue; and 6% indicated drug abuse was a problem. The corresponding figures for alcohol abuse in the WESTARC study were 7% for the Flin Flon respondents and 8% for The Pas respondents.

The NOR-MAN RHA survey looked at 3 other lifestyle behaviors that reduce the likelihood of injury. These include the use of bicycle helmets, seat belts and smoke detectors. Four in 5 respondents indicated that they never used bicycle helmets. However, almost three quarters always used their car seat belt, and 4 in 5 had working smoke detectors in their homes.

Two preventive health measures, mammography and cervical cancer screening, are also relevant to examine, although these may be influenced by physician practices more than by personal choices. Mammography is used to screen women over the age of 50 for the presence of pre-cancerous and cancerous breast tissue. From April 1995 to March 1997, the mammography rate in the NOR-MAN region was close to the average mammography rate in Manitoba. Only Brandon and Winnipeg had rates higher than that of the NOR-MAN region. Cervical cancer screening is another recommended practice. Cervical cancer screening for NOR-MAN women from April 1994 to March 1997 was the lowest in the province. This suggests that women in the region may be at greater risk of cervical cancer than other women in the province.

Health Services

Health services in the region are delivered under different auspices, depending upon the role of the Province, Canada, and First Nations Tribal Councils and political organizations. When the NOR-MAN Regional Health Authority was established in 1997, it was assigned the mandate to ensure that residents of the NOR-MAN region have access to the services they need to attain optimal health. As an extension of this mandate, the RHA has assumed responsibility for delivering a range of health care services to most of the communities in the region. In First Nations communities, responsibility for governing and delivering health care services has been, or is in the process of being, transferred to First Nations communities. Due, in part, to the limited resources available in local communities and the benefits of a shared resource base, the responsibility for delivering services has been assigned. The two delivery agents are the Cree Nation Tribal Health Centre, which delivers services to all First Nations communities in the region with the exceptions of Opaskwayak Cree Nation, and the Otineka Health Centre, which delivers services to the community of Opaskwayak Cree Nation.

The RHA delivers a range of services that fall under 11 core services headings: health promotion/education; health protection; prevention and community health services; treatment, emergency and diagnostic services; developmental and rehabilitation support services; home care; long term care; mental health services; substance abuse/addictions services; palliative care and physician services. Although the list of health care services that are available in the region appears comprehensive, there are insufficient services to meet the high demand for particular types of care. With respect to physician services, the region has experienced chronic shortages in all communities with the exception of Flin Flon. People must also travel outside of the region for many specialist services.

In general, services offered by the RHA are less available to people living in outlying communities than they are to people living in Flin Flon and The Pas. This pattern crosses the boundaries of services type, and in some cases, means that people from smaller communities simply do not receive the services they require.

Some services, such as those that are directed at diabetes prevention and control, are insufficient to meet the needs in most communities. These needs cannot be managed by First Nations' providers, who have also indicated that they are overwhelmed by the demand. The lack of resources directed at this area will result in higher personal and financial costs, as people require more intensive services to manage what, in some cases, are preventable illnesses.

Emergency services, including ambulance services, are available in the region. They are, however, available in some communities and not in others. In the communities of Easterville, Chemawawin First Nation, Moose Lake, Mosakahiken First Nation, Cormorant and Sherridon, community residents must be transported with a nurse or trained first aid responder via taxi to meet an ambulance from either The Pas or Flin Flon. This issue has been raised directly by community members as a serious problem. At the present time, the RHA has not assumed responsibility for the delivery of ambulance services in the region but, consistent with its mandate, wishes to ensure that these services are available and are being delivered in a manner that meets provincial standards.

The Community Health Needs Assessment survey provided a user perspective on health care services, both in terms of their availability and quality. The availability of health services was rated as "excellent" by 5.1% of the 686 survey respondents; "good" by 49.5%, and "poor" by 27% of the respondents. In a question with a somewhat different focus, the WESTARC team found that approximately half of the Flin Flon and The Pas respondents did not think they could get the health services they needed.

The quality of existing services was the focus of one question on the NOR-MAN RHA survey. Two thirds of the respondents indicated that the quality of existing services was good (58.3%), very good (5%), or excellent (6.1%). Almost one quarter (22%) believed that the quality was poor. The survey questions that were asked on these topics did not distinguish between services provided by the RHA or by First Nations service providers, since it was believed to be unlikely that people in the community would be in a position to make these distinctions.

Physical Environment

The physical environment plays an important role in our health status, and as such becomes a significant health determinant. Environmental issues were addressed in both the NOR-MAN RHA and WESTARC surveys, as well as through an examination of statistical, local and regional information. Environmental pollution was identified as a concern by almost half of the people who answered the Community Health Needs Assessment survey. Water quality was seen as a more serious problem in the region than air quality. The majority of the Flin Flon respondents expressed concern about air quality, whereas water quality was more of a concern in The Pas, OCN and surrounding areas.

In Manitoba, water quality is assessed by measuring up to 70 variables, including various types of bacteria, chemical elements and organic compounds. Routine measurements are compared against the Guidelines for

Canadian Drinking Water Quality (GCDWQ). Although Manitoba Environment reported that for the most part, water quality in the region was consistently within the guidelines of the GCDWQ, there was some public concern regarding water quality and some areas where problems had been identified. As an example, although the quality of the drinking water in The Pas, Snow Lake and Cold Lake met the standards set out by the GCDWQ, public concerns over the aesthetic quality of the drinking water had increased. As a separate issue, the water treatment plant that services Opaskwayak Cree Nation was at peak consumption, which posed concerns regarding the plant's ability to support the community. In Flin Flon, Manitoba Environment had recommended that the City investigate the possibility of upgrading the water system and providing a filtration system to filter out organic matter.

Waste management was addressed in the NOR-MAN and WESTARC surveys. The majority of the survey respondents believed that waste management practices were adequate. Data collected through interviews with local community residents indicated that the escape of raw sewage into the environment was a concern in the community of Grand Rapids/Grand Rapids First Nation. Existing sewage systems also posed problems for adjacent communities. As an example, the impact of the Flin Flon sewage system on the water quality in Ross Creek and the northwest arm of Schist Lake was raised as a of concern during key informant interviews.

Other environmental problems were raised by residents and officials in each community. These problems included pollution, such as oil and chemicals, in the Saskatchewan River (Grand Rapids/Grand Rapids First Nation); level of dust (Easterville); lagoon and effluent discharges (Moose Lake/Mosakahiken First Nation, Cormorant); and litter and burning at the landfill site (all communities).

Industry in the region is a source of environmental pollution and poses several environmental and health risks. Key informants suggested that mine waste and tailings had been poorly managed in the past, affecting lakes such as Camp Lake and Kississing Lake, the latter of which is a source of drinking water for Cold Lake and supports a strong sport fishery. Remote forestry camps provide a challenge for Manitoba Environment staff who attempt to monitor legislative compliance. Public health or environmental issues that must be addressed at these camps include food preparation, sewage disposal and petroleum storage.

Community safety is also an aspect of the physical environment. In the NOR-MAN RHA survey, almost half of the respondents said that violence was a problem, and an equal number indicated that family violence was of concern. Community safety was also identified as a problem by over half of the The Pas respondents. Approximately one third of the Flin Flon

respondents indicated that they felt unsafe in their community. These results paralleled the official statistics: crime levels in The Pas were significantly higher than those of Flin Flon in all crime categories.

Despite these concerns about safety, there were some encouraging findings. RCMP indicated that Moose Lake had experienced a reduction in crime over the past 4 years. There were fewer murders in the community in the past year and a reduction in crimes that fall within the "total provincial offenses" category.

Environmental issues in the NOR-MAN region are significant, and have the potential to place residents at risk of experiencing health problems. For the most part, it appears that Manitoba Environment, Cree Nation Tribal Health Centre, and local political bodies are endeavoring to keep the risk factors to a minimum. It is equally clear that residents have a voice in maintaining and promoting a healthy environment. The recent efforts by Healthy The Pas and Area Round Table to institute a recycling depot for the communities of The Pas and Opaskwayak Cree Nation is a case in point.

Education

Census Canada data reports on the education level attained by people over the age of 15 years. This data source indicates that 45% of Manitobans have not received their high school certificate. This figure can be compared to 48% of the 16,830 people from the NOR-MAN region who were included in the Census Canada sample. When these figures are broken down by community, a different picture emerges. First Nations members appeared to be at a disadvantage from an educational perspective, when compared to people residing in non-First Nations communities. According to Census Canada, the percentage of First Nations members who had not completed high school ranged from 58% to 92% in 1991, compared to 40% to 47% in the remaining communities in the region. Further, this pattern was consistent when people living in First Nations communities that were adjacent to non-First Nations communities were compared with one another. These results are disturbing, especially when they are considered in the context of the population growth that is taking place in First Nations communities, and the demand that will be placed on the education system in the coming years. In terms of this risk determinant alone, First Nations communities appear to be at a high risk of experiencing poor health or illness.

Health Status

Health status was explored through 3 components of the Community Health Needs Assessment. Questions on perceived and reported health status were included in the NOR-MAN survey questionnaire, and were drawn from the

survey data obtained from the WESTARC Group. Information was also requested from the Health Information Section of Manitoba Health and from organizations such as the Manitoba Cancer Treatment and Research Foundation. Finally, qualitative information on health status was obtained during the focus groups.

The NOR-MAN RHA and WESTARC surveys asked respondents to rate their own health status. Although the responses varied somewhat, at least 3 of 4 respondents from both studies indicated that they were in excellent, very good, or good health. Despite their overall rating, the respondents identified a host of health problems that they experienced, or that were experienced by other members of their household.

The problems that were experienced the most frequently by the people who participated in the NOR-MAN survey were stress, arthritis and financial concerns. The NOR-MAN RHA analysis also grouped the health problems that were identified into different categories. Arthritis, high blood pressure and high cholesterol were the top 3 health problems in the regional analysis. Stress, loneliness and anxiety were the most frequently mentioned mental health problems. Financial concerns were identified by 1 in 5 survey respondents. Alcohol abuse, gambling and marital problems were the most common social problems experienced by NOR-MAN RHA survey respondents.

The Flin Flon and The Pas respondents who had participated in the WESTARC study most frequently identified back problems, arthritis and rheumatism, and skin or other allergies as health problems. Stress was also identified as a health problem in the WESTARC study.

The data obtained from both surveys suggests that most people believed they were in relatively good health, even though they may be coping with a broad spectrum of physical, psychological, social and economic challenges. An analysis of the data obtained on the actual health status of people in the region suggests that NOR-MAN residents may be at risk from a number of perspectives. Of primary importance, **the standardized mortality rate for the NOR-MAN region was the highest in Manitoba**, when compared to other health regions and to the province as a whole. This indicates that if all of the other regions had the same age and gender distribution as the NOR-MAN region, a higher proportion of people in our region would be dying, compared to people in other parts of the Province, and compared to Manitoba residents as a whole.

The rate of teenage pregnancy in the NOR-MAN region was over twice the rate in the rest of the province. Forty-seven (47) teens per 1,000 became pregnant in the region in 1995/96 compared to 19.5 in Manitoba. Twelve

percent (12%) of the babies born to non-First Nations mothers, and 18% of those born to First Nations mothers, were born to teenagers.

If birth weight alone is considered, women and babies in the NOR-MAN region were not at a health risk. The low birth weight rate in the region was lower, and the high birth weight rate was only slightly higher than the provincial average.

Hospitalization trends have been variable over the past 3 years. NOR-MAN experienced a noticeably higher rate of hospital utilization than the rest of Manitoba for the following diagnostic categories: pregnancy and childbirth, respiratory and digestive system diseases, mental disorders, ill-defined conditions, and injuries and poisonings. The NOR-MAN region rate for hospitalization was the fourth highest in the province, and was exceeded only by those of the Parkland, Burntwood and Marquette regions.

The 5 top causes of hospital utilization were pregnancy and childbirth, respiratory system diseases, digestive system diseases, circulatory system diseases, and injuries and poisonings. Compared with other RHAs, the NOR-MAN region ranked second in Manitoba for hospitalizations due to pregnancy and childbirth related conditions. Almost half of these admissions in 1996/97 were related to complications of pregnancy. The NOR-MAN region ranked fourth in Manitoba for hospitalizations due to conditions of the respiratory system, which included acute and upper respiratory infections, pneumonias and influenzas; and chronic lung diseases. Digestive system disorders were the third most common cause of hospitalizations in the NOR-MAN region and in Manitoba when the information was collected.

Circulatory system diseases include high blood pressure, types of heart disease, cerebra-vascular disease (stroke), and diseases of the arteries, veins and lymphatics. NOR-MAN region's rate of hospitalization for this disease category was lower than that of Manitoba. Injuries and poisonings on the other hand were a serious problem in the region. The NOR-MAN region ranked second in Manitoba for hospitalizations due to injuries and poisonings.

Mental health problems were also a concern in the region. NOR-MAN ranked third in Manitoba for hospitalizations due to mental disorders. This was particularly interesting in that these figures pertained to people who were hospitalized in a region that did not as yet have a mental health facility.

A significant health problem in the NOR-MAN region is diabetes, which has been described as a problem of epidemic proportion among Aboriginal people living in the region and in other parts of the province. In 1994, the point prevalence for First Nations people was 148.81/1,000 compared to

59.34/1,000 for adults in Manitoba. This illustrates the serious nature of the problem for people of Aboriginal descent. The number of people with diabetes in Manitoba has doubled over the past 10 years, and continues to grow at an alarming rate. According to a 1995 report in *The Prairie Medical Journal*, the NOR-MAN region had the second highest incidence and prevalence rates for diabetes in the province, and was second only to the Burntwood region in this regard. The incidence of diabetes was the highest among women in the 45-54 year age category. The serious nature of this health problem draws attention to the need for a health care system that has a health promotion and prevention component, as well as a treatment capacity. It also speaks to the need for service providers to move beyond jurisdictional boundaries, and work collaboratively to address this health problem.

When the 10 health determinants are examined collectively, it is evident that people in the NOR-MAN region are more at risk than people in many other parts of the Manitoba. However, the diversity of the region from a geographical perspective is matched by the diversity among the communities that fall within its boundaries. Within the region, First Nations communities appear to be at a disadvantage, when examined as a group. This is especially true when the health determinants of income, education and morbidity are considered. However, even within this "grouping", there are communities that fare better from a health determinant perspective than others. In some cases, and with the exception of Snow Lake, outlying communities face special health related challenges. Women as a gender also are at a higher risk than men, when certain illness categories are considered.

What is perhaps most important is to use these health determinants and the results from the Community Health Needs Assessment to guide decision making, so that organizations like the RHA can set priorities for the future. From the perspective of the RHA, the results of the Needs Assessment suggest that decisions cannot be made in isolation of other organizations, consumer groups, communities and families who must all work together to effect change. Health is a broad concept that crosses professional, departmental and jurisdictional boundaries. It is our hope that this document will support a needs-based planning and intervention process that is client-centered and collaborative, and that builds on the strengths of our communities.

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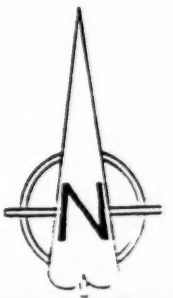
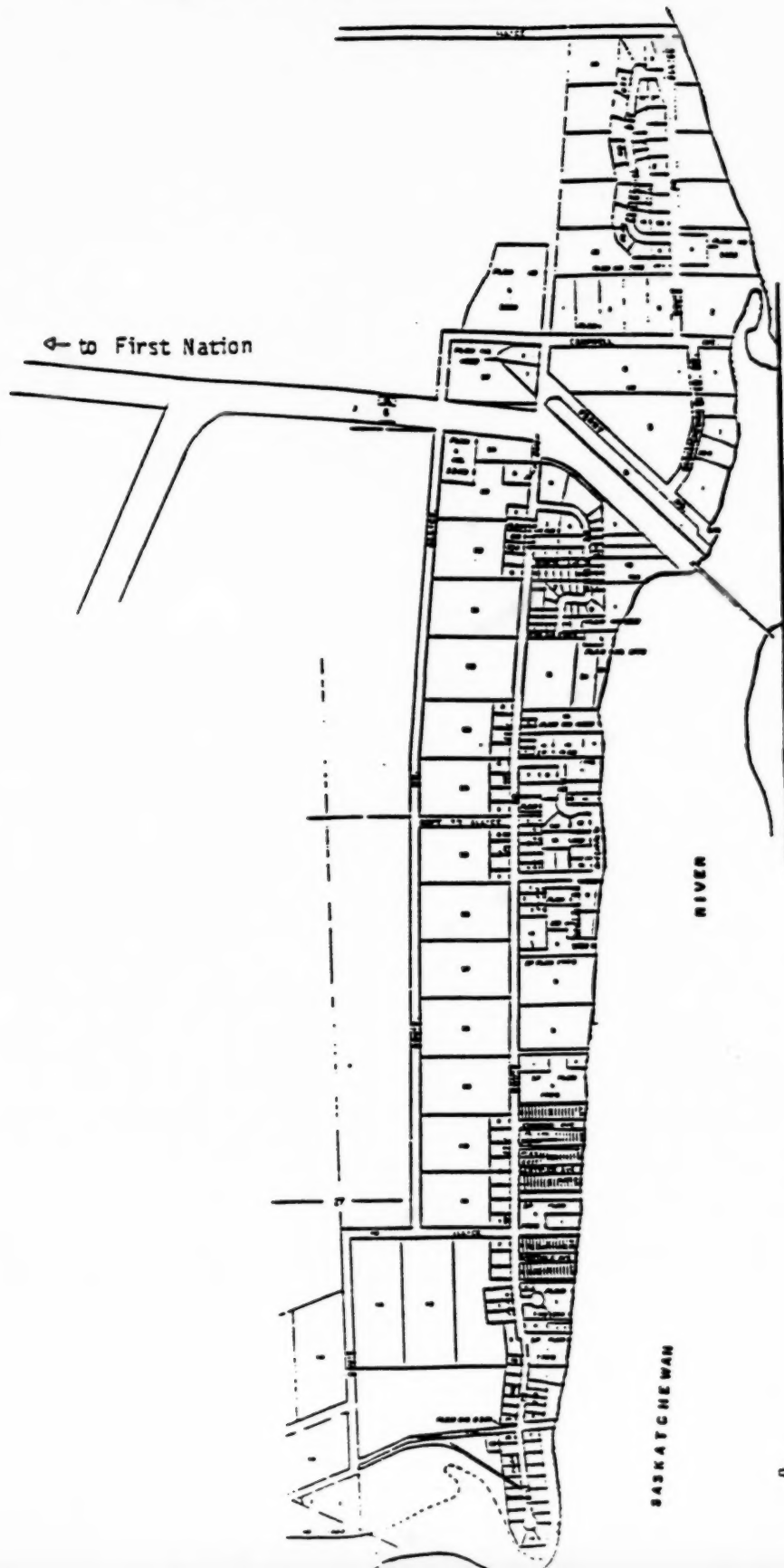
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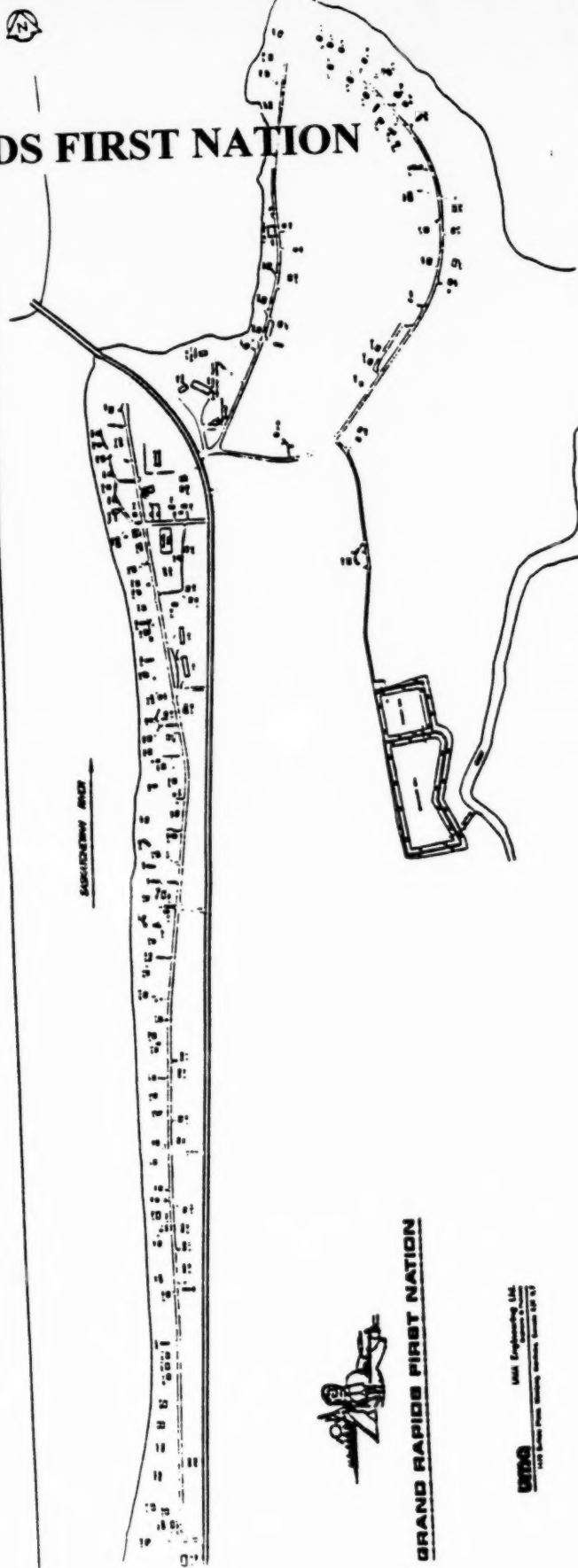
APPENDIX 1 – MAPS

1. Grand Rapids
2. Grand Rapids First Nation
3. Hydro Community Grand Rapids
4. Easterville
5. Chemawawin
6. Town of The Pas
7. The Pas Reserve No. 21E
8. The Pas Indian Reserves No. 21,21A,B,C,D,E,F,G,I,J,K,N,P.
9. L.G.D. of Consol
10. Wanless (L.G.D.)
11. Moose Lake
12. Crossing Bay
13. Traders Lake
14. Cormorant
15. Snow Lake
16. Cranberry Portage
17. Sherridon
18. Cold Lake
19. City of Flin Flon

GRAND RAPIDS



GRAND RAPIDS FIRST NATION



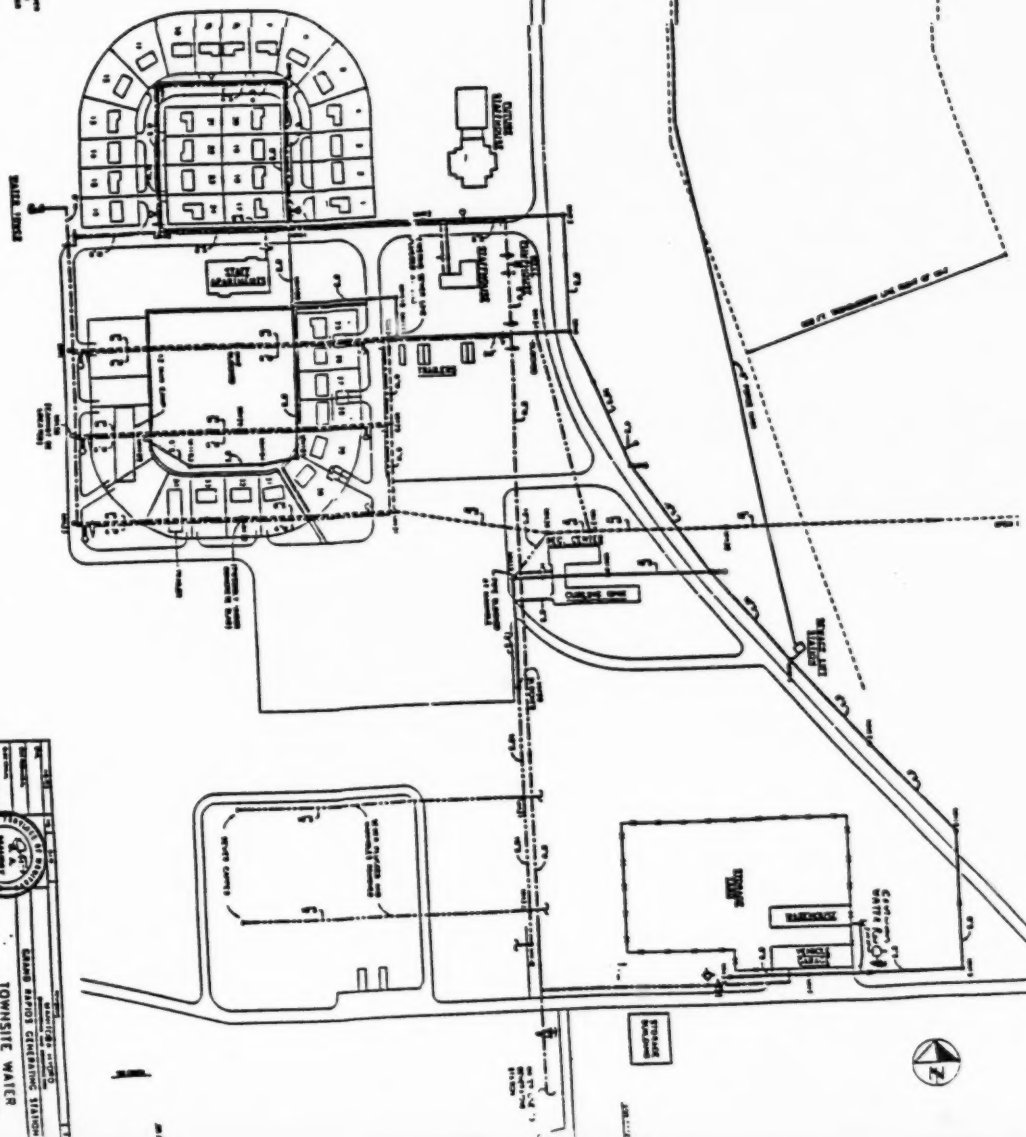
GRAND RAPIDS FIRST NATION

UTING
1000 Lakeshore Drive, Grand Rapids, Michigan 49503-1000
1-800-451-7810

HYDRO COMMUNITY GRAND RAPIDS

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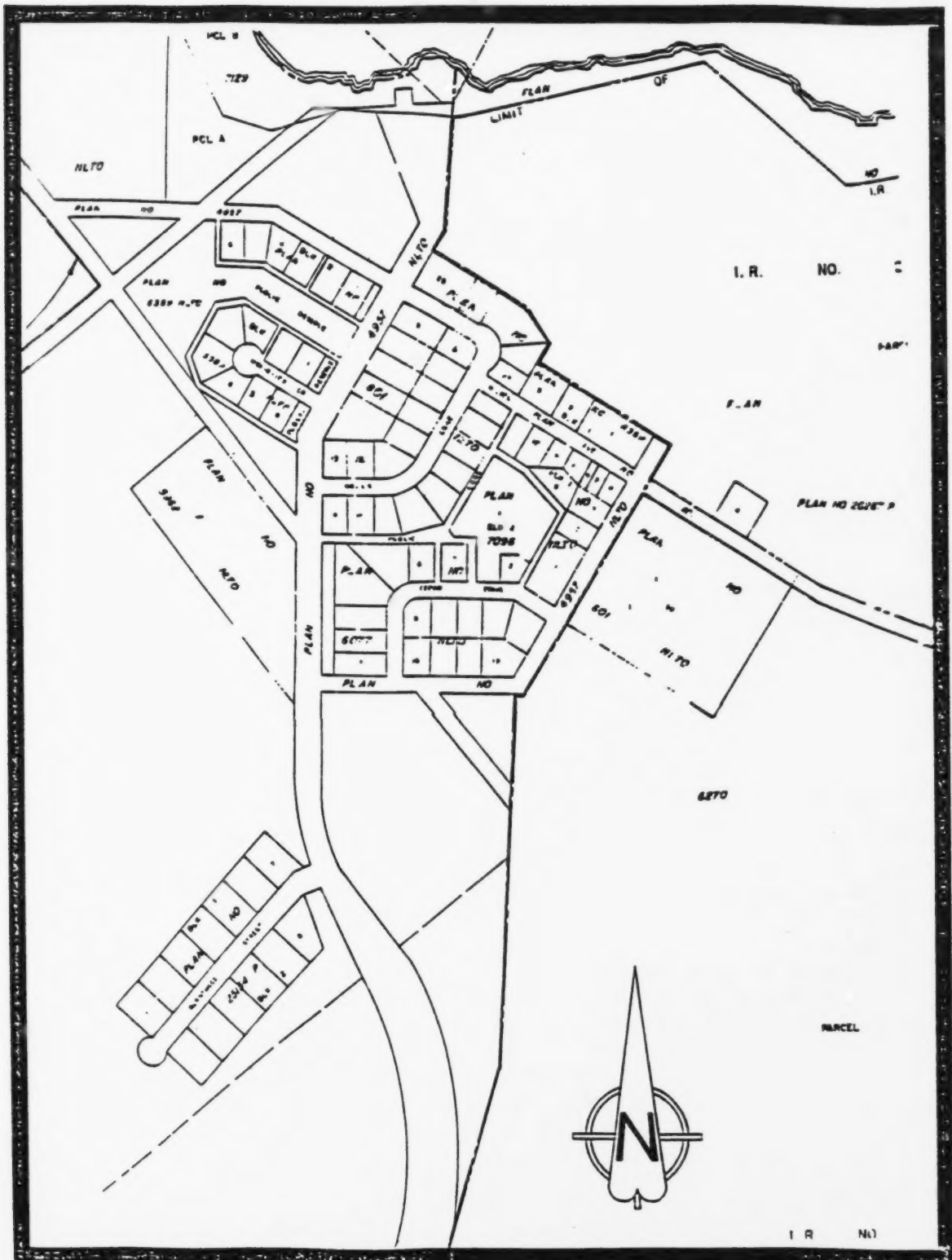
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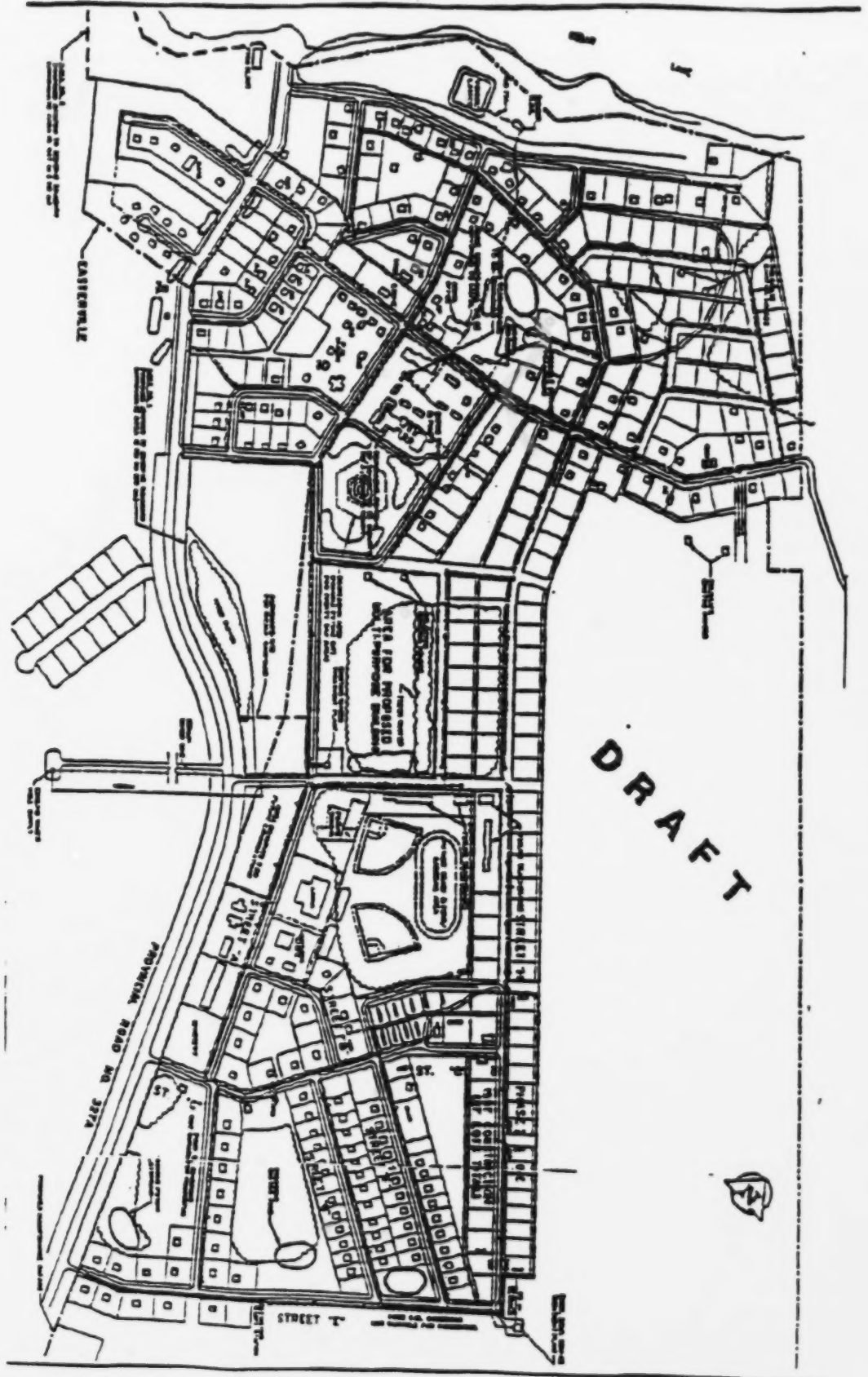
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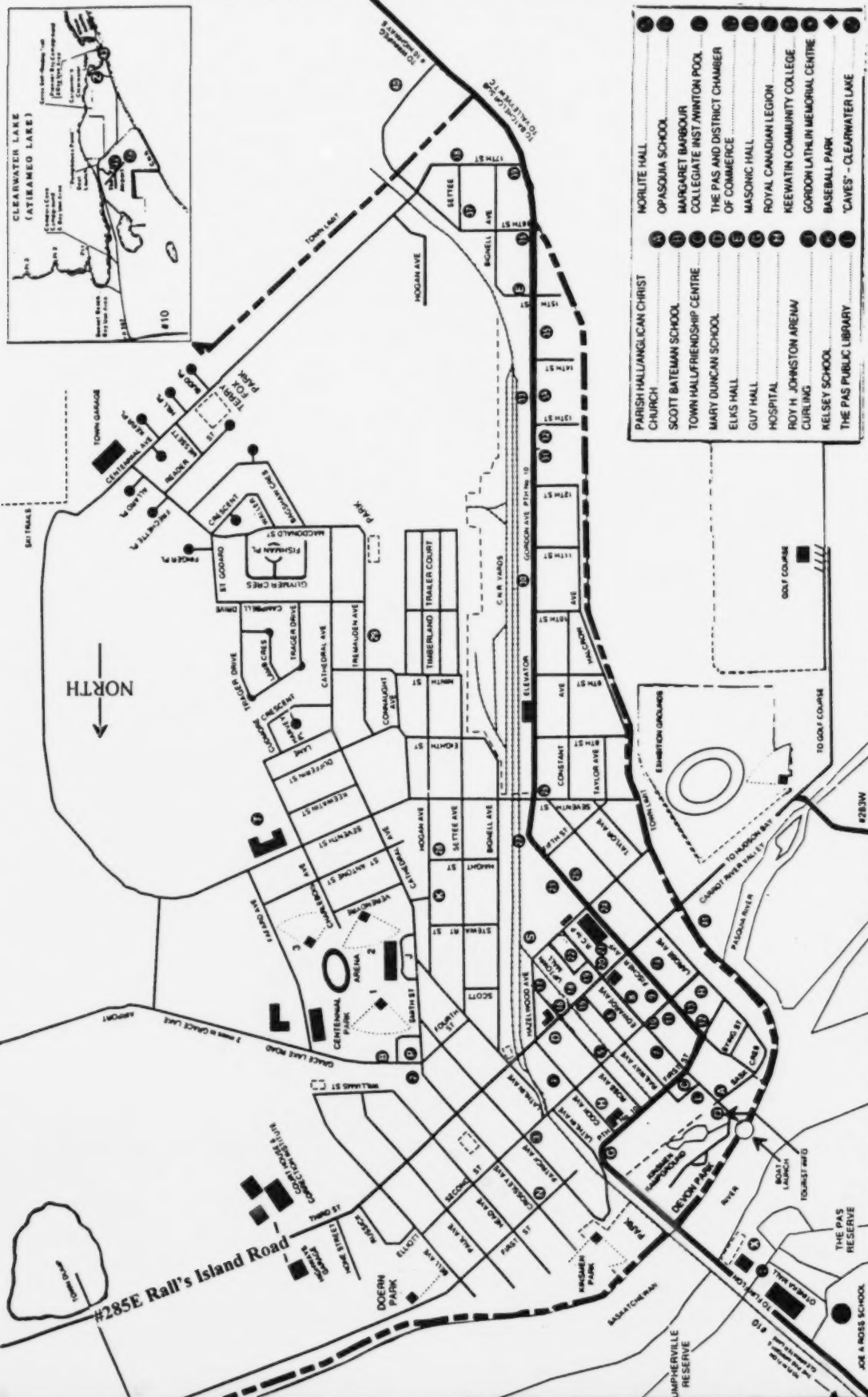
EASTERVILLE



CHEMAWAWIN



TOWN OF THE PAS



TOWNSHIP

EASTSIDE

CARROT
RIVER

COWSHEAD

BIG EDDY

7

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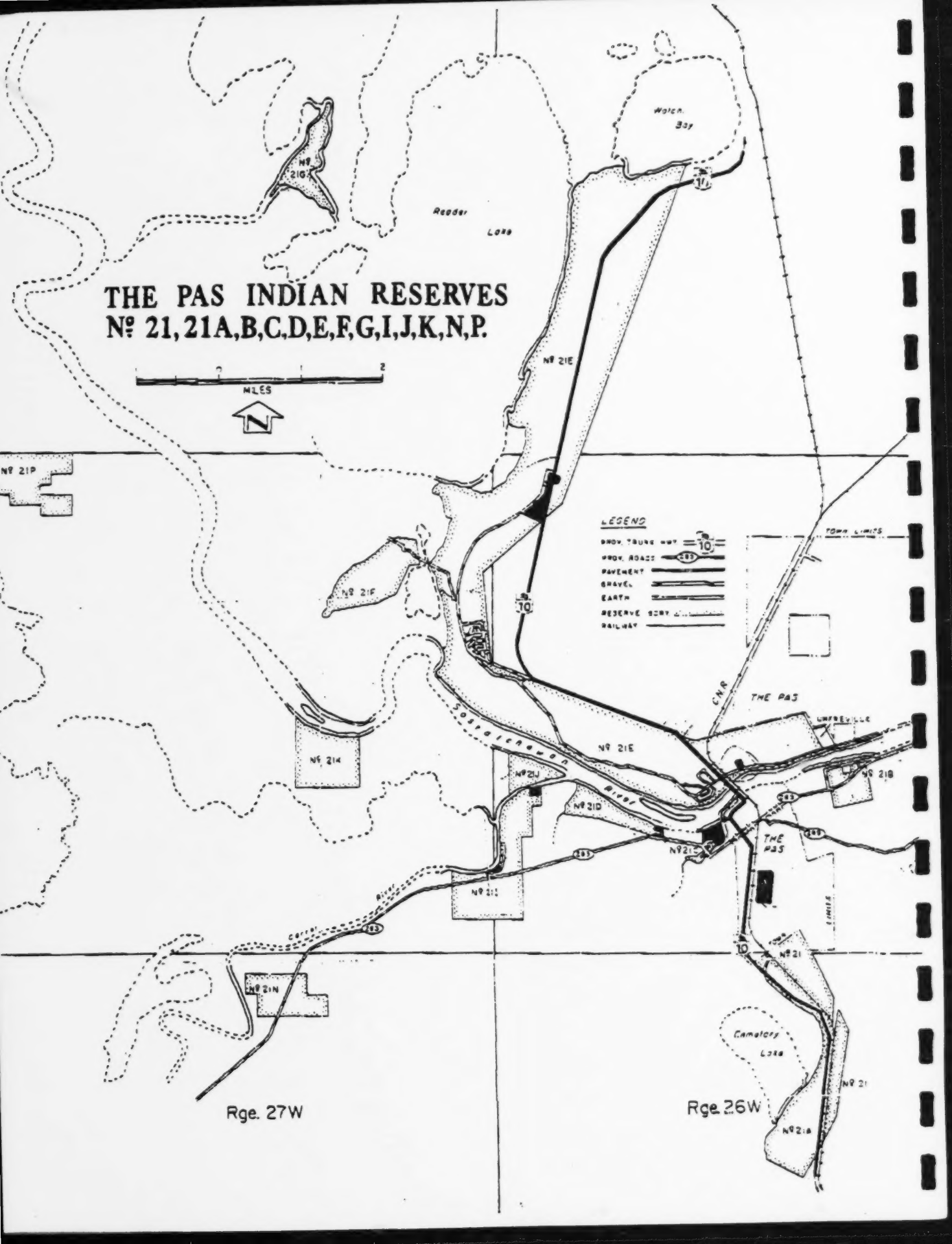
THE PAS INDIAN RESERVES Nº 21, 21A, B, C, D, E, F, G, I, J, K, N, P.

2 1 0 MILES



LEGEND

- PROV. TRUNK HWY
- PROV. ROAD
- PAVEMENT
- GRAVEL
- EARTH
- RESERVE SCRY
- RAILWAY



Rge. 27W

Rge. 26W

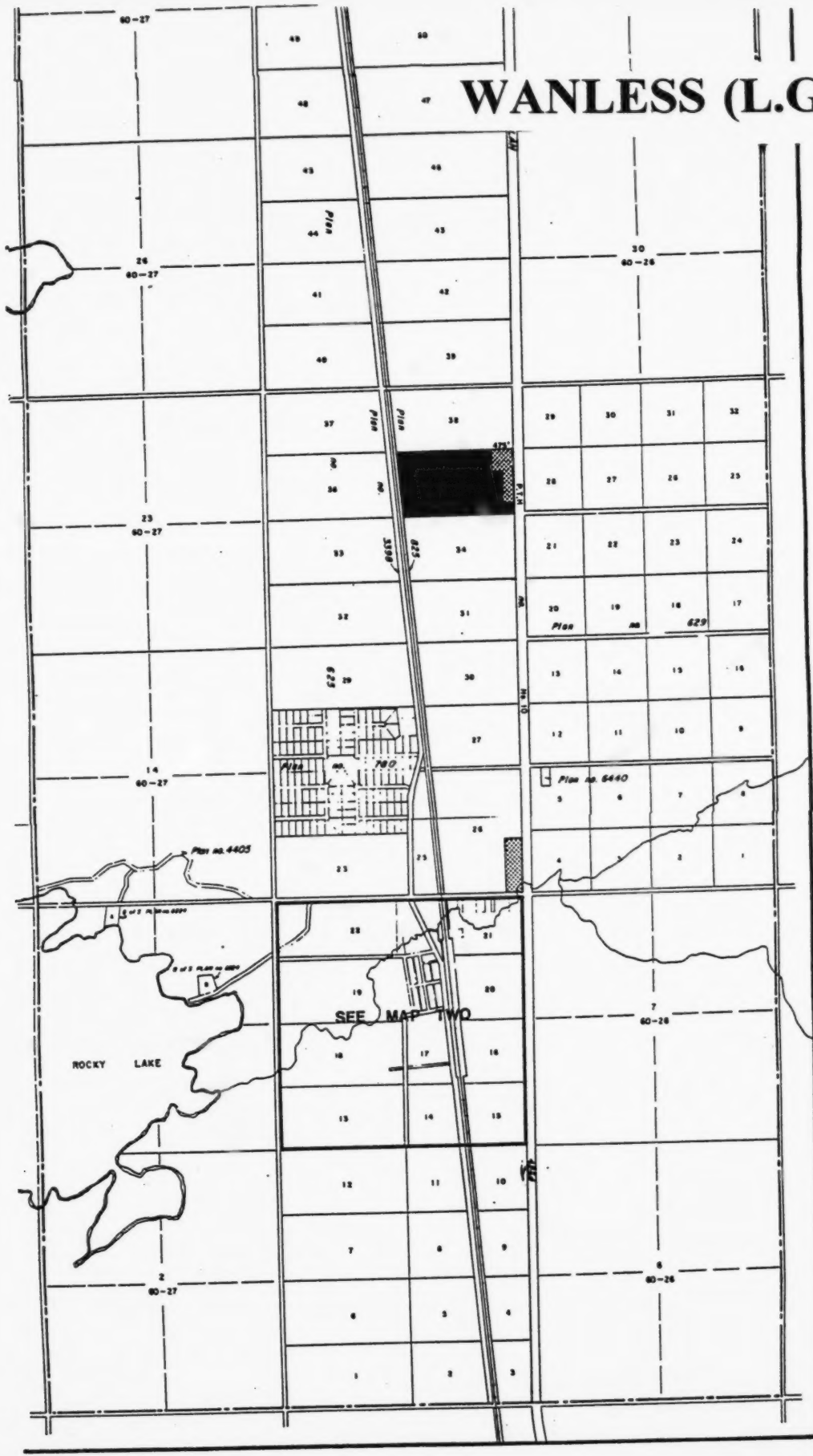
L.G.D. OF CONSOL

SMALL PARCEL INDEX

Parcel Number	Area (Acres)	Owner
1	1.00	Consolidated
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3	1.00	Consolidated
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100	1.00	Consolidated

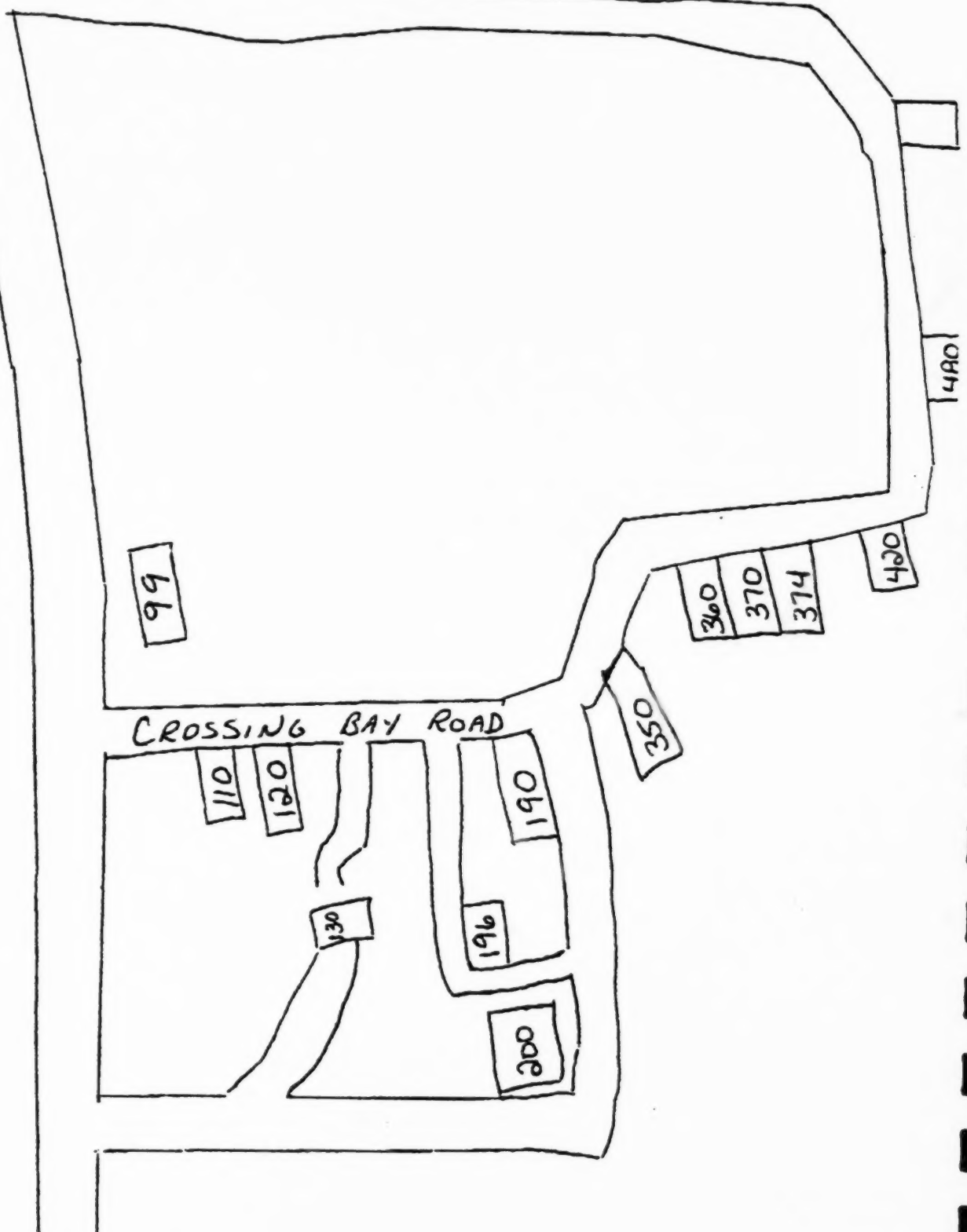


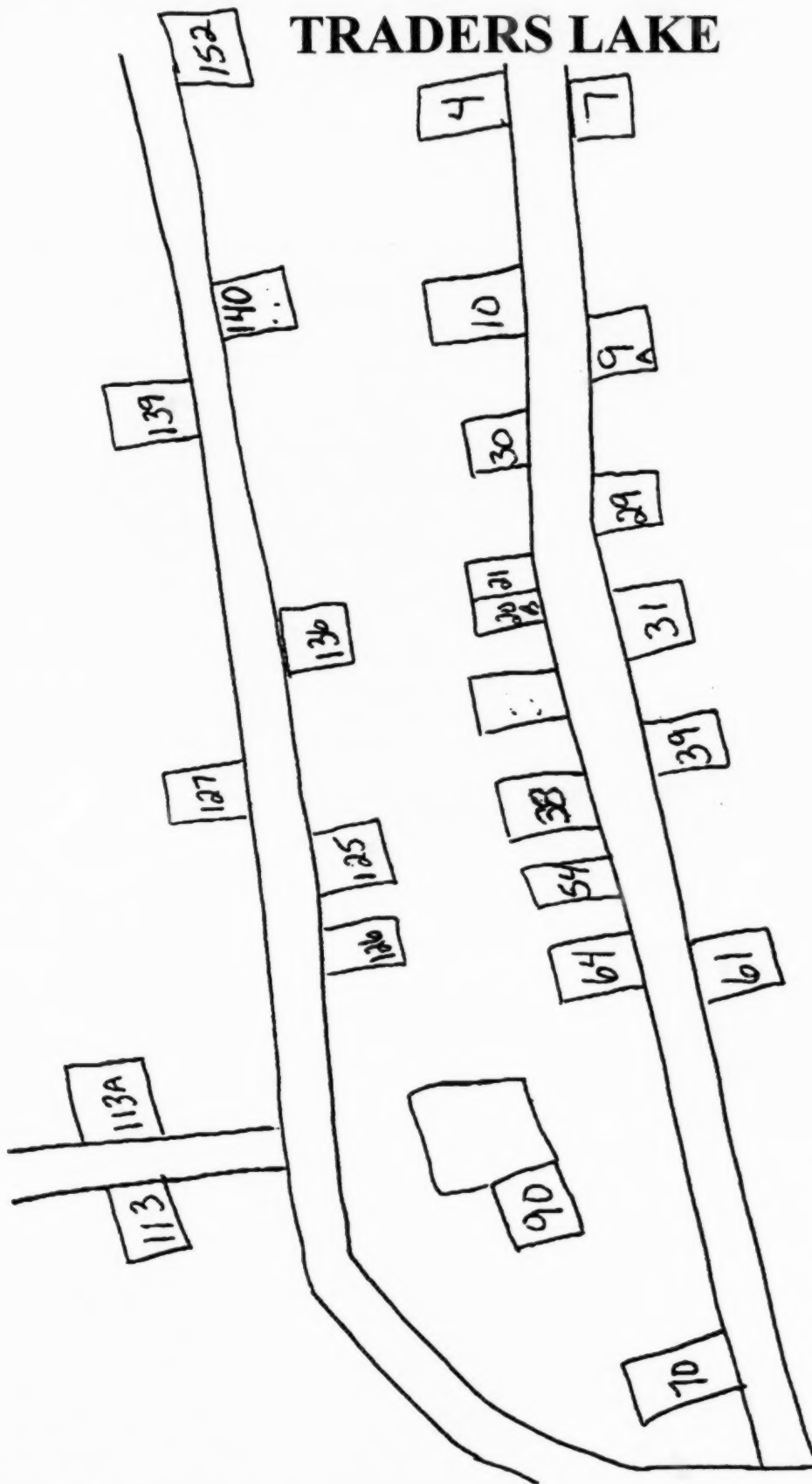
WANLESS (L.G.D.)



A hand-drawn map of a residential neighborhood. The map shows several streets: "MONTGOMERY ST" running horizontally across the top, "MADISON RD" running diagonally from the top left to the bottom right, "BIRCH ST" running vertically on the right, and "CANTON ST" running vertically on the left. A large, irregularly shaped area in the center is labeled "MONTGOMERY ST" and contains several small, numbered plots. Other streets shown include "SINCLAIR ST" at the top, "OAK ST" on the left, and "BIRCH ST" at the bottom. Numerous house numbers are written along the streets and within the plots. For example, along "MONTGOMERY ST", numbers include 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200. Along "MADISON RD", numbers include 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200. Along "BIRCH ST", numbers include 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200. Along "CANTON ST", numbers include 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200.

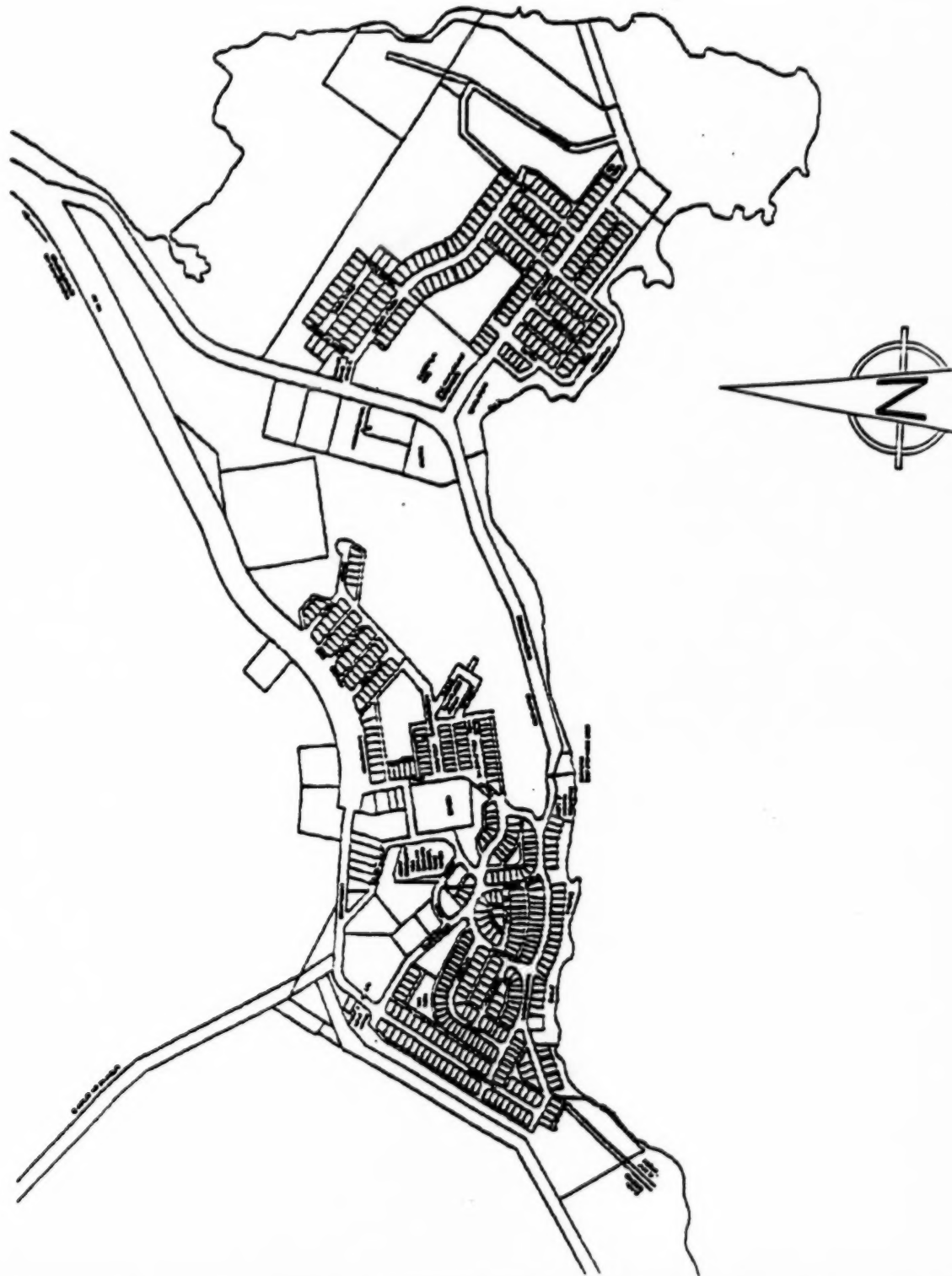
CROSSING BAY





[illegible]

SNOW LAKE



CRANBERRY PORTAGE

(UNINCORPORATED)

L.G.D. OF CONSOL

TWP'S. 64 AND 65 - RGE. 26 W.

PROVINCE OF MANITOBA
DEPARTMENT OF HIGHWAYS AND TRANSPORTATION
DESIGN OFFICE

WINNIPEG MAY 1991

0 500 1000 1500

SCALE IN FEET

P. T. H. DECLARED

P. R. DECLARED

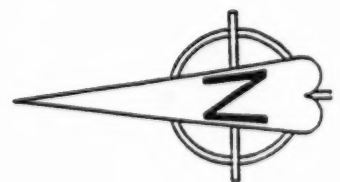
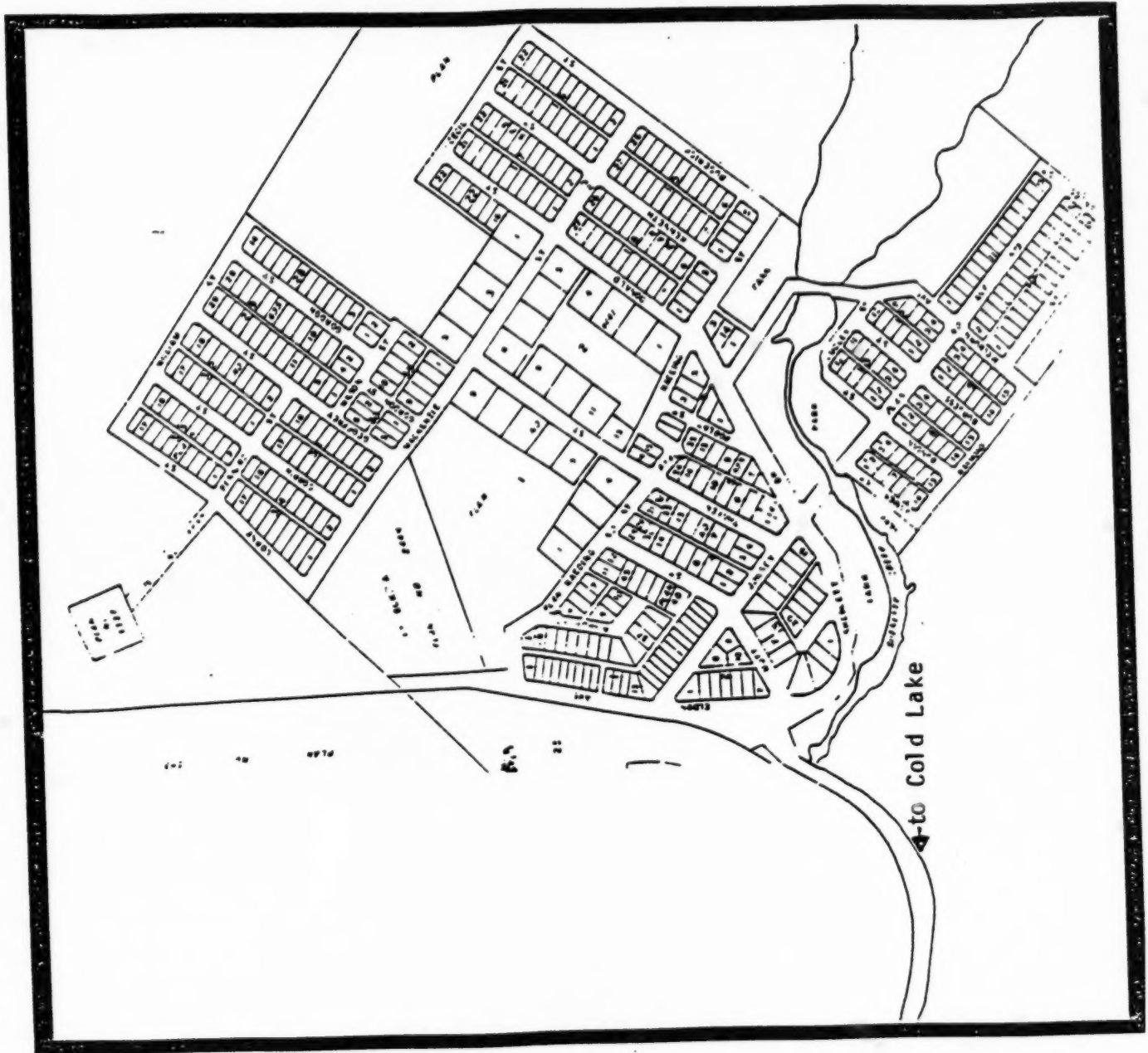
N.W. 1/4 SEC. 32 - TWP. 64 - 26 W.

REVISED -

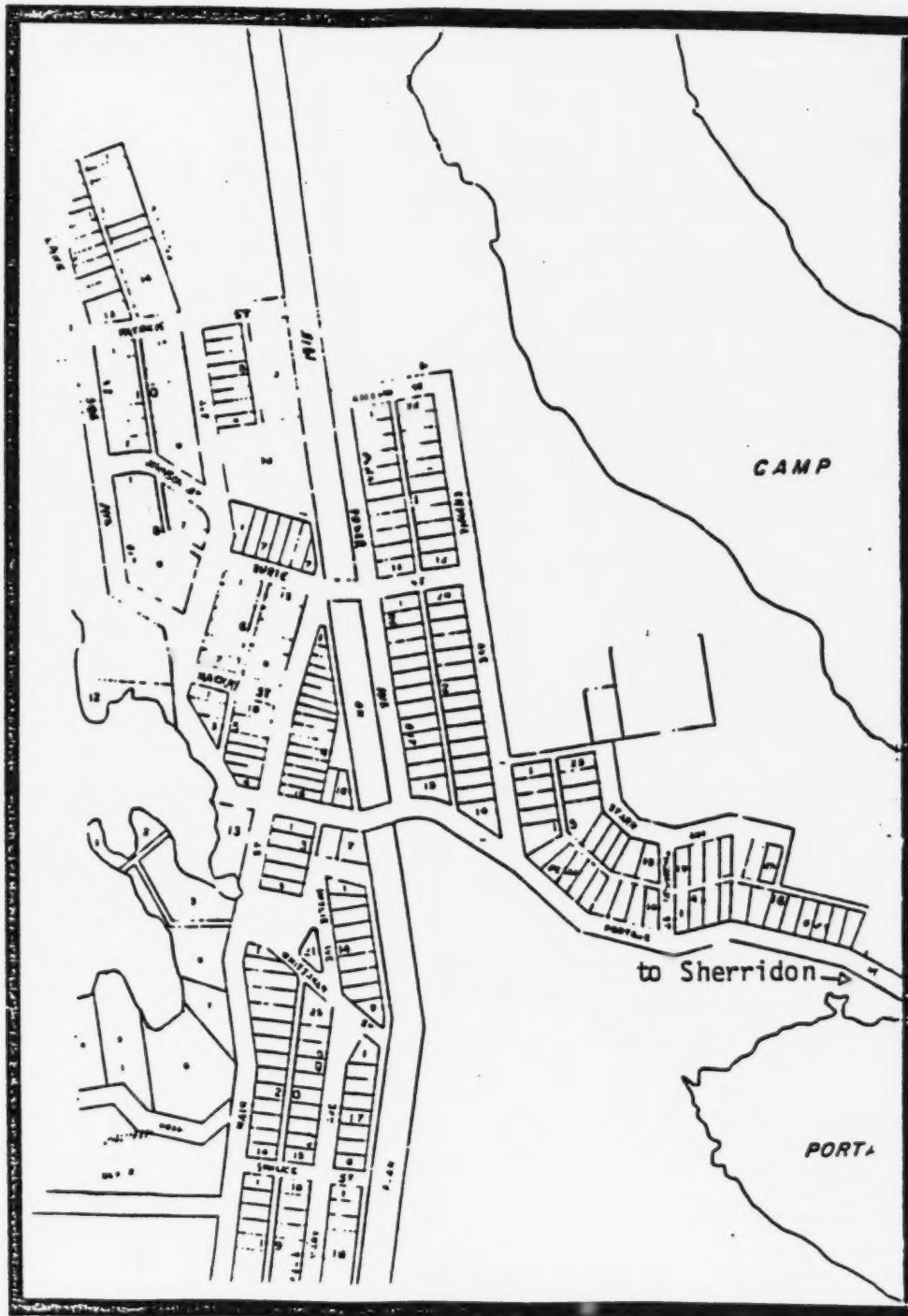
S.E. 1/4 SEC. 8 - TWP. 65 - 26 W.

31

SHERRIDON



COLD LAKE



HWY 10 to S

5-Y-2

MFT Enterprises

Yamaha Power Centre

5-26

Alexander's Auto Ranch

Westwood Lodge

Big Island Drive-in

Airport (18 km)

Bakers Narrows Lodge

Bakers Narrows Prov Park

The Pas

INDUSTRIAL AREA

ROSS LAKE CREEK

CHANNING PRIVATE AIRPORT

NORTHWEST ARM SCHIST LAKE

RESERVOIR

HAPNOT LAKE

STREETS: MAIN ST, BROADWAY, 1ST ST, 2ND ST, 3RD ST, 4TH ST, 5TH ST, 6TH ST, 7TH ST, 8TH ST, 9TH ST, 10TH ST, 11TH ST, 12TH ST, 13TH ST, 14TH ST, 15TH ST, 16TH ST, 17TH ST, 18TH ST, 19TH ST, 20TH ST, 21ST ST, 22ND ST, 23RD ST, 24TH ST, 25TH ST, 26TH ST, 27TH ST, 28TH ST, 29TH ST, 30TH ST, 31ST ST, 32ND ST, 33RD ST, 34TH ST, 35TH ST, 36TH ST, 37TH ST, 38TH ST, 39TH ST, 40TH ST, 41ST ST, 42ND ST, 43RD ST, 44TH ST, 45TH ST, 46TH ST, 47TH ST, 48TH ST, 49TH ST, 50TH ST, 51ST ST, 52ND ST, 53RD ST, 54TH ST, 55TH ST, 56TH ST, 57TH ST, 58TH ST, 59TH ST, 60TH ST, 61ST ST, 62ND ST, 63RD ST, 64TH ST, 65TH ST, 66TH ST, 67TH ST, 68TH ST, 69TH ST, 70TH ST, 71ST ST, 72ND ST, 73RD ST, 74TH ST, 75TH ST, 76TH ST, 77TH ST, 78TH ST, 79TH ST, 80TH ST, 81ST ST, 82ND ST, 83RD ST, 84TH ST, 85TH ST, 86TH ST, 87TH ST, 88TH ST, 89TH ST, 90TH ST, 91ST ST, 92ND ST, 93RD ST, 94TH ST, 95TH ST, 96TH ST, 97TH ST, 98TH ST, 99TH ST, 100TH ST.

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142nd Ave	222	
143rd Ave	223	
144th Ave	224	
145th Ave	225	
146th Ave	226	

APPENDIX 2

REFERENCE TO 18 DIAGNOSTIC CATEGORIES

(referenced from the ICD-9 International Classification of Diseases, 9th Revision)

1. Infectious and Parasitic Diseases

Includes:

- Diseases generally recognized as communicable or transmissible as well as a few diseases of unknown but possibly infectious origin

2. Neoplasms

Includes:

- All cancers, whether or not functionally active

3. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders

Includes:

- Disorders of the thyroid gland
- Diseases of other endocrine glands
- Nutritional deficiencies and other metabolic and immunity disorders

4. Diseases of the Blood and Blood-Forming Organs

5. Mental Disorders

Includes:

- Organic psychotic conditions, other psychoses
- Includes neurotic disorders, personality disorders, and other nonpsychotic mental disorders
- Includes mental retardation

6. Diseases of the Nervous System and Sense Organs

Includes:

- Inflammatory diseases of the Central Nervous System
- Hereditary and degenerative diseases of the Central Nervous System
- Other disorders of the Central Nervous System
- Disorders of the Peripheral Nervous System
- Disorders of the eye and adnexa
- Diseases of the ear and mastoid process

7. Diseases of the Circulatory System

Includes:

- Acute rheumatic fever
- Chronic rheumatic heart disease
- Ischemic heart disease
- Diseases of pulmonary circulation
- Other forms of heart disease

- Cerebrovascular disease
- Diseases of arteries, arterioles, and capillaries
- Diseases of veins and lymphatics, and other diseases of circulatory system

8. Diseases of the Respiratory System

Includes:

- Acute respiratory infections
- Other diseases of the upper respiratory tract
- Pneumonia and influenza
- Chronic obstructive pulmonary disease
- Pneumoconioses and other lung diseases due to external agents
- Other diseases of the respiratory system

9. Diseases of the Digestive System

Includes:

- Diseases of oral cavity, salivary glands, and jaws
- Diseases of esophagus, stomach and duodenum
- Appendicitis
- Hernia of abdominal cavity
- Noninfectious enteritis and colitis
- Other diseases of intestines and peritoneum
- Other diseases of digestive system

10. Diseases of Genitourinary System

Includes:

- Nephritis, nephrotic syndrome, and nephrosis
- Other diseases of urinary system
- Diseases of male genital organs
- Disorders of breast
- Inflammatory disease of female pelvic organs
- Other disorders of female genital tract

11. Pregnancy, Childbirth, Puerperium

12. Diseases of Skin and Subcutaneous Tissue

Includes:

- Infections of skin and subcutaneous tissue
- Other inflammatory conditions of the skin
- Other diseases of the skin and subcutaneous tissue

13. Diseases of Musculoskeletal System and Connective Tissue

14. Congenital Anomalies

15. Certain Conditions originating in the Perinatal Period

Includes:

- Conditions which have their origin in the perinatal period even though death or morbidity occurs later

16. Symptoms, Signs, and Ill-defined Conditions

Includes:

- Symptoms signs, abnormal results of laboratory or other investigative procedures
- Ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded

17. Injury and Poisoning

18. Supplementary Classification of Factors influencing Health Status and Contact with Health Services

This classification is provided to deal with occasions when circumstances other than a disease or injury classifiable to the above categories, are recorded as "diagnoses" or "problems". This can arise mainly in two ways:

- a) When a person who is not currently sick encounters the health services for some specific purpose, such as to act as a donor of an organ or tissue, to receive prophylactic vaccination, or to discuss a problem which is in itself not a disease or injury.
- b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

